

Case Number:	CM13-0062910		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	03/10/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43 year old male who sustained an industrial injury on April 12, 2013. The mechanism of injury was a fall off a forklift. The injured worker reported left wrist pain. Diagnoses include dorsal intercalated segment instability, left carpal tunnel syndrome, left wrist internal derangement, left wrist neuralgia and left wrist sprain/strain. Treatment to date has included diagnostic testing, chiropractic treatment, acupuncture therapy, physical therapy and pain management. A progress note dated June 14, 2013 notes that the injured worker complained of intermittent moderate left wrist pain. The pain was described as achy and sharp with numbness and tingling. Pain level was rated at an eight out of ten on the Visual Analogue Scale. Physical examination revealed tenderness to palpation of the left wrist. A Phalen's and Tinel's test were positive. On December 9, 2013 the injured worker submitted an application for IMR for review of Adrenergic: beat-beat blood pressure responses to the Valsalva Maneuver, sustained hand grip and blood pressure and heart-rate active standing, electrocardiogram and cardioagal innervation and heart-rate variability. On November 25, 2013 Utilization Review evaluated and non-certified the requests. Non- MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ADRENERGIC: BEAT-BEAT BLOOD PRESSURE RESPONSES TO THE VALSALVA MANEUVER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23931777>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, adrenergic: Beat-beat blood pressure responses to valsalva is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are dorsal intercalated segment instability; left wrist pain; and left wrist sprain/strain. Subjectively, the injured worker complains of left wrist pain that is dull, 80 with numbness and tingling. Objectively, the injured worker was a left wrist brace. Range of motion is decreased. The treatment plan is not documented. The request for Adrenergic: Beat-beat blood pressure responses to valsalva does not appear in the documentation. There is no clinical rationale in the medical record. Consequently, absent clinical documentation and clinical rationale/indication, Adrenergic: Beat-beat blood pressure responses to valsalva is not medically necessary.

SUSTAINED HAND GRIP & BP AND HR ACTIVE STANDING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23931777>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, sustained handgrip and blood pressure and heart rate active standing is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are dorsal intercalated segment instability; left wrist pain; and left wrist sprain/strain. Subjectively, the injured worker complains of left wrist

pain that is dull, 80 with numbness and tingling. Objectively, the injured worker was a left wrist brace. The request for sustained handgrip and blood pressure and heart rate active standing does not appear in the medical documentation. There is no clinical rationale and the medical record. There is no clinical indication in the medical record. Consequently, absent clinical documentation and the clinical rationale/indication for sustained handgrip and blood pressure, heart rate active standing is not medically necessary.

ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004319>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, electrocardiography is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are dorsal intercalated segment instability; left wrist pain; and left wrist sprain/strain. Subjectively, the injured worker complains of left wrist pain that is dull, 80 with numbness and tingling. Objectively, the injured worker was a left wrist brace. The documentation did not contain a clinical rationale or indication for an electrocardiogram. The documentation in the medical record addressed the rest. There were no complaints of chest pain, shortness of breath or any other clinical indication for an EKG. Consequently, absent clinical documentation supporting and electrocardiogram with the clinical rationale/indication, electrocardiography is not medically necessary.

CARDIOVAGAL INNERVATION & HEART-RATE VARIABILITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/23931777>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, cardiovagal innervation and heart rate variability is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain. Clinical recovery may be dependent upon identifying and addressing previously unknown or

undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm and to observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, In this case, the injured worker's working diagnoses are dorsal intercalated segment instability; left wrist pain; and left wrist sprain/strain. Subjectively, the injured worker complains of left wrist pain that is dull, 80 with numbness and tingling. Objectively, the injured worker was a left wrist brace. The documentation did not contain a clinical rationale or indication for cardiovagal innervation and heart rate variability. Consequently, absent clinical documentation supporting cardiovagal innervation and heart rate variability with the clinical rationale and or clinical indication, cardiovagal innervation and heart rate variability is not medically necessary.