

Case Number:	CM14-0172175		
Date Assigned:	10/23/2014	Date of Injury:	01/06/2013
Decision Date:	01/14/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The patient is a 50-year-old female who was injured on January 6, 2013. The patient continued to experience pain in right wrist and hand. Physical examination was notable for swelling of the right hand, painful and decreased range of motion of the right wrist, tenderness to palpation of the right wrist, and muscle spasm of the right thenar eminence. Diagnoses included right de Quervain's disease, right wrist sprain/strain, and right wrist tenosynovitis. Treatment included medications and surgery. Requests for authorization for Adrenergic: Beat to Beat responses to Valsalva maneuver, sustained hand grip, and BP/HR responses to active standing, cardiovagal innervation and heart rate variability (parasympathetic innervation), and EKG were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adrenergic: Beat-to-Beat (BP) Responses to The Valsalva Maneuver , Sustained Hand Grip, and BP and HR Responses to Active Standing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Overview of polyneuropathy

Decision rationale: Adrenergic testing is included in autonomic nerve testing. Autonomic testing can be useful for evaluating patients with small fiber sensory neuropathy. The composite autonomic scoring scale (CASS), which includes measurements of orthostatic blood pressure, the quantitative sudomotor axon reflex test, heart rate response to tilt, heart rate variability with deep breathing, and changes in blood pressure with the Valsalva maneuver, appears to provide a useful measure of autonomic function and can help support a diagnosis of small fiber sensory neuropathy. The evaluation of intraepidermal sweat glands is a viable technique to evaluate sudomotor function. In this case medical documentation does not support the diagnosis of small fiber sensory neuropathy. Autonomic testing is not indicated. The request is not medically necessary.

Cardiovagal Innervation and Heart-Rate Variability (Parasympathetic Innervation):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Overview of polyneuropathy

Decision rationale: Parasympathetic innervation testing is part of autonomic testing. Autonomic testing can be useful for evaluating patients with small fiber sensory neuropathy. The composite autonomic scoring scale (CASS), which includes measurements of orthostatic blood pressure, the quantitative sudomotor axon reflex test, heart rate response to tilt, heart rate variability with deep breathing, and changes in blood pressure with the Valsalva maneuver, appears to provide a useful measure of autonomic function and can help support a diagnosis of small fiber sensory neuropathy. The evaluation of intraepidermal sweat glands is a viable technique to evaluate sudomotor function. In this case medical documentation does not support the diagnosis of small fiber sensory neuropathy. Autonomic testing is not indicated. The request is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Diagnostic approach to chest pain in adults; Arrhythmia management for the primary care clinician

Decision rationale: Electrocardiogram is indicated in patients with chest pain, shortness of breath, or palpitations. It is used to aid in diagnosis of ischemic heart disease, congestive heart failure, and dysrhythmias. In this case the patient was not experiencing chest pain, shortness of

breath or palpitations. Medical necessity has not been established. The request is not medically necessary.