

Case Number:	CM14-0180540		
Date Assigned:	11/06/2014	Date of Injury:	08/24/2014
Decision Date:	01/23/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 40 year old female who sustained an industrial injury on 08/24/14. She reported feeling a pop in her right hand while removing packing from product at work. Her symptoms included right shoulder, right elbow and right wrist/hand pain. Right shoulder examination was positive for impingement test and tenderness over AC joint. Other pertinent examination findings included positive Phalen's test, decreased median nerve sensation and tenderness to palpation A1 pulley third finger and flexor/extensor tendons. There was tenderness to palpation of lateral epicondyle and posterior elbow olecranon. Diagnoses included right shoulder sprain/strain, right elbow strain/sprain, lateral epicondylitis, right wrist sprain/strain and carpal tunnel syndrome. The progress note from 11/10/14 was reviewed. There was no medication list in the notes. She was noted to have right shoulder, elbow, wrist and hand pain with numbness, weakness, tingling and cramping. Objective findings included positive supraspinatus press test, positive Cozen's test, positive Phalen's test and positive Finkelstein's test. The request was for cardiovagal innervations and heart rate variability - cardio respiratory diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiovagal Innervation and heart rate variability (parasympathetic innervation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology Clinical Autonomic Testing

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:
<https://www.bcbsmt.com/MedReview/Policies/AutonomicNervousSystemTesting/v102.aspx>

Decision rationale: The employee was a 40 year old female who sustained an industrial injury on 08/24/14. She reported feeling a pop in her right hand while removing packing from product at work. Her symptoms included right shoulder, right elbow and right wrist/hand pain. Right shoulder examination was positive for impingement test and tenderness over AC joint. Other pertinent examination findings included positive Phalen's test, decreased median nerve sensation and tenderness to palpation A1 pulley third finger and flexor/extensor tendons. There was tenderness to palpation of lateral epicondyle and posterior elbow olecranon. Diagnoses included right shoulder sprain/strain, right elbow strain/sprain, lateral epicondylitis, right wrist sprain/strain and carpal tunnel syndrome. The progress note from 11/10/14 was reviewed. There was no medication list in the notes. She was noted to have right shoulder, elbow, wrist and hand pain with numbness, weakness, tingling and cramping. Objective findings included positive supraspinatus press test, positive Cozen's test, positive Phalen's test and positive Finkelstein's test. The request was for cardiovagal innervations and heart rate variability - cardio respiratory diagnostic testing. According to Blue cross and Blue shield policy, autonomic nervous system testing is recommended for diabetic neuropathy, amyloid neuropathy, pure autonomic failure and evaluate postural tachycardia syndrome among other things. It is considered experimental, investigational and unproven for all other indications including screening or routine testing of patients without signs or symptoms of autonomic dysfunction. The employee had no evidence of autonomic dysfunction and hence the request is not medically necessary or appropriate.