

Case Number:	CM14-0180579		
Date Assigned:	11/07/2014	Date of Injury:	08/24/2014
Decision Date:	01/07/2015	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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, elbow, and shoulder pain reportedly associated with an industrial injury of August 24, 2014. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for autonomic function testing to include sustained grip strength testing, adrenergic beat to Valsalva maneuver, and blood pressure heart rate responses to active standing. The claims administrator invoked non-MTUS American Academy of Neurology (AAN) Guidelines in its denial. The applicant's attorney subsequently appealed. On October 28, 2014, the applicant underwent a Functional Capacity Evaluation (FCE) of some kind the results of which were difficult to follow and did seemingly suggest that the applicant was incapable of returning to her former work. On September 25, 2014, the applicant underwent a six-minute walk pulmonary stress test, the result of which was not clearly reported. In a progress note dated November 10, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of shoulder, elbow, wrist, and hand pain. Functional capacity testing, acupuncture, MRI imaging of the shoulder, wrist, and elbow, electrodiagnostic testing of the bilateral upper extremities, and an internal medicine consultation were sought. The attending provider stated that he will review the results of the cardiorespiratory report previously performed. Physical therapy was also sought. The applicant was kept off of work, on total temporary disability. The cardiorespiratory testing at issue was apparently performed on September 22, 2014 and included cardiovagal innervation, vasomotor innervation, and an EKG, the results of which were not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic Function Assessment/Andrenergic beat to BP responses to Valsalva maneuver, sustained hand grip, BP/HR responses to active standing: 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 Indications

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Autonomic Test Battery Page(s): 23. Decision based on Non-MTUS Citation American Academy of Neurology (AAN), Clinically Autonomic Testing Position Statement

Decision rationale: While page 23 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines acknowledge that autonomic testing is "recommended" in applicants in whom complex regional pain syndrome type I is suspected, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clear what the purpose of the autonomic function assessment, beat response testing, heart rate responses to active standing, etc., was. The requesting provider failed to provide any compelling rationale for the test and did not, furthermore, report the result of the test in a clear manner. The American Academy of Neurology (AAN) further notes that the selection of specific of autonomic testing requires both a detailed knowledge of the testing Paradigm S and a match between the test of the suspected clinical impairment and the autonomic activity. Here, however, again, it was not stated what was sought. It was not states what was suspected. It was not stated how "or if" the testing would influence or alter the treatment plan. Therefore, the request was not medically necessary.