

Case Number:	CM15-0148639		
Date Assigned:	08/11/2015	Date of Injury:	09/23/2009
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 49 year old male, who sustained an industrial injury on September 23, 2009. The injured worker was diagnosed as having right shoulder impingement, right elbow epicondylitis and right arm strain. Treatment to date has included chiropractic treatment, physical therapy, medication and shock wave therapy. A progress note dated June 23, 2015 provides the injured worker complains of right shoulder, elbow and wrist pain. Physical exam notes right shoulder tenderness to palpation with decreased range of motion (ROM), right elbow tenderness to palpation with painful range of motion (ROM) and right wrist tenderness to palpation with positive Phalen's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic Nervous Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Autonomic nervous system function testing; CRPS diagnostic tests.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Autonomic nervous system function testing.

Decision rationale: Autonomic nervous study is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that autonomic nervous system function testing is not generally recommended as a diagnostic test for CRPS. The documentation is not clear on a rationale for this test and the guidelines do not support this as a diagnostic tool for CRPS. The request for autonomic nervous study is not medically necessary.