

<b>Case Number:</b>	CM15-0188603		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female sustained an industrial injury on 12-30-14. Documentation indicated that the injured worker was receiving treatment for right elbow lateral epicondylitis. Previous treatment included physical therapy, injections and medications. On 7-14-15, the injured worker underwent right elbow open repair of common extensor tendon. In a progress note dated 8-19-15, the injured worker reported having "mild to moderate" right elbow pain intermittently that was improving. The injured worker was recovering at home and taking pain medications. She had completed physical therapy. The physician stated that the injured worker had no unusual complaints. Physical exam was remarkable for right elbow with clean incision, range of motion 0 to 130 degrees and intact right upper extremity sensation. The treatment plan included requesting authorization for physical therapy twice a week for four weeks. In a Doctor's First Report of Occupational Injury dated 8-21-15, the injured worker complained of frequent right elbow pain and intermittent mid back pain, rated 8 out of 10 on the visual analog scale. The injured worker reported that the pain started after surgery. Physical exam was remarkable for thoracic spine with 2+ tenderness to palpation, right elbow with 2+ tenderness over the lateral aspect with range of motion 0 to 126 degrees and positive Cozen's sign. The physician recommended physical therapy twice a week for four weeks, acupuncture twice a week for four weeks, an orthopedic consultation and a monthly pain management evaluation. In a pain management initial evaluation dated 9-3-15, the injured worker complained of ongoing arm pain aggravated by movement and activity, rated 9 out of 10 on the visual analog scale. The injured worker reported that over the counter non-steroidal anti-inflammatory medications did not

provide relief. Physical exam was remarkable for right elbow with intact range of motion and tenderness to palpation at the lateral epicondyle. The treatment plan included a prescription for Tramadol and topical cream patches and Autonomic nervous system and Sphygmocor testing. On 9-16-15, Utilization Review noncertified a request for ANS and Sphygmocor Testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Autonomic nervous system (ANS) and Sphygmocor testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - CRPS, diagnostic tests.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Autonomic Nervous System and Other Medical Treatment Guidelines AETNA, Cardiovascular Disease Risk Test.

**Decision rationale:** The patient presents with right arm pain. The patient is status-post right elbow surgery from 07/14/2015. The current request is for Autonomic Nervous System (ANS) and Sphygmocor Testing. The treating physician's report dated 09/03/2015 (91B) states, "The patient was referred to undersigned for continued treatment. I have examined patient and reviewed all available medical records to me during this visit, including the imaging studies. I am prescribing tramadol 50mg po bid prn and topical cream patches. I am ordering ANS and Sphygmocor testing." The physician does not provide a rationale for the request. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Pain Chapter on Autonomic Nervous System states, "Not generally recommended as a diagnostic test for CRPS." There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. Also, there should be evidence that all other diagnoses have been ruled out. The AETNA Guidelines under Cardiovascular Disease Risk Tests states, "Aetna considers noninvasive measurements of arterial elasticity by means of blood pressure waveforms (e.g., CardioVision MS-2000, CVProfilor, Digital Pulse Analyzer (DPA), and HDI PulseWave) and noninvasive calculation and analysis of central arterial pressure waveforms (SphygmoCor) experimental and investigational for assessing CHD risk because their effectiveness has not been established." In this case, ODG guidelines do not support the use of Autonomic Nervous System in diagnosing CRPS and AETNA considers Sphygmocor experimental. Therefore, the patient does not meet the criteria based on the ODG and AETNA guidelines. The current request is not medically necessary.