

Case Number:	CM15-0022728		
Date Assigned:	02/12/2015	Date of Injury:	10/29/2013
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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

Certification(s)/Specialty: Emergency 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 37 year old male, who sustained an industrial injury on 10/29/2013. The current diagnoses are right shoulder impingement syndrome with type III hooked acromion, articular-side mid-anterior distal supraspinatus rotator cuff tear with a type II SLAP tear of the right shoulder and sleep disturbance secondary to right shoulder pain. Currently, the injured worker complains of right shoulder pain. Treatment to date has included medications, physical therapy, and acupuncture. The treating physician is requesting Cardio/Respiratory Diagnostic Testing and Sudoscan - Sudomotor Function Assessment (DOS 11/7/2014), which is now under review. On 1/23/2015, Utilization Review had non-certified a request for Cardio/Respiratory Diagnostic Testing and Sudoscan - Sudomotor Function Assessment. Non- MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio/Respiratory Diagnostic Testing, Date of Service 11-07-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19218698>

Decision rationale: The requested Cardio/Resiratory Diagnostic Testing, Date of Service 11-07-14, is not medically necessary. <http://www.ncbi.nlm.nih.gov/pubmed/19218698> recommends this testing for specifically identified patients with cardiac and/or respiratory conditions needing further clarification. The injured worker has right shoulder pain. The treating physician has not documented the medical necessity for this testing. The criteria noted above not having been met, Cardio/Resiratory Diagnostic Testing, Date of Service 11-07-14 is not medically necessary.

Sudoscan Sudomotor Function Assessment date of services 11-07-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19218698>

Decision rationale: The requested Sudoscan Sudomotor Function Assessment date of services 11-07-14, is not medically necessary. <http://www.ncbi.nlm.nih.gov/pubmed/19218698> recommends this testing for specifically identified patients with cardiac and/or respiratory conditions needing further clarification. The injured worker has right shoulder pain. The treating physician has not documented the medical necessity for this testing. The criteria noted above not having been met, Sudoscan Sudomotor Function Assessment date of services 11-07-14 is not medically necessary.