Case Number:	CM15-0081784		
Date Assigned:	05/04/2015	**Date of Injury:**	01/14/2014
Decision Date:	06/02/2015	**UR Denial Date:**	03/25/2015
Priority:	Standard	**Application Received:**	04/28/2015

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: New York
Certification(s)/Specialty: Internal 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 45-year-old male, who sustained an industrial injury on 01/14/2014. The initial complaints or symptoms included left shoulder and right thumb/wrist pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, electrodiagnostic testing, and left shoulder surgery. Currently, the injured worker complains of sharp pain and weakness in the left shoulder, and right wrist pain with a pain rating of 5/10. The injured worker was treated with a matrix machine to reduce pain in the left shoulder and right wrist. The diagnoses include status post left shoulder surgery, rotator cuff tear, and right wrist strain/sprain. The request for authorization included Cardio-Respiratory / Autonomic Function Assessment: 1) Cardiovagal inneivation and heart-rate variability (parasympathetic innervation); 2) Adrenergic: beat-to-beat blood pressure (BP) responses to the Valsalva maneuver, sustained hand grip, and BP and HR responses to active standing: and 3) EKG and IF unit x 5 months rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory / Autonomic Function Assessment: 1) Cardiovagal inneivation and heart-rate variability (parasympathetic innervation); 2) Adrenergic: beat-to-beat blood pressure (BP) responses to the Valsalva maneuver, sustained hand grip, and BP and hr responses to active standing: and 3) EKG an: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 118-120. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/date/400.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Cardiovagal innervation, Medscape Internal Medicine 2014- Indications for EKG.

Decision rationale: Cardiovagal innervations and vasomotor adrenergic innervations can be used to assess conditions such as tachycardia and orthostatic hypotension. Postural tachycardia syndrome is a condition defined as orthostatic intolerance with heart rate increments greater than 30 beats/minute on head-up tilt test. Some of the symptoms can include syncope, palpitations, and lightheadedness. The American Heart Association/American College of Cardiology Foundation statement on the evaluation of Syncope includes autonomic testing to confirm the presence of a dysautonomia, distinguish central from peripheral causes, and guide patient management includes tilt table testing, cardiac responses to deep breathing and the Valsalva maneuver, and sweat testing. The autonomic nervous system regulates blood pressure, heart rate, temperature, respiration, gastrointestinal, bladder and sexual function. Quantitative, non-invasive and reproducible tests are available to assist clinicians in testing autonomic function. Autonomic nervous system testing can be grouped into three categories; sudomotor, cardiovagal innervation, and vasomotor adrenergic innervation. The tests for sudomotor function can include QSART, TST, SSR, Silasticsweat imprint, Sudoscan and QDIRT. The tests for cardiovagal response can include heart rate response to deep breathing and Valsalva ratio. The tests for adrenergic function include the beat-to-beat blood pressure response to tilt table testing, Valsalva maneuver and standing. There is no specific indication for the requested testing. Medical necessity for the requested testing is not established. The requested testing is not medically necessary. In terms of the requested electrocardiogram, there is no documentation the claimant has hypertension or any evidence of cardiac disease. There is no specific indication for the requested electrocardiogram. Medical necessity for the requested item is not established. The requested item is not medically necessary. According to MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The process involves paired electrodes of two independent circuits carry differing medium frequency alternating currents so that current flowing between each pair intersects at the underlying target. The frequency allows the Interferential wave to meet low impedance when crossing the skin. Treatments involve the use of two pairs of electrodes and most units allow variation in waveform, stimulus frequency and amplitude or intensity, and the currents rise and fall at different frequencies. In this case, there was no documentation of a decrease in subjective complaints, improvement in physical examination findings, an increase in functional abilities, or a reduction in medication use with the use of ICS. Medical necessity for the requested item is not established. The requested item is not medically necessary.