

Case Number:	CM14-0213418		
Date Assigned:	01/02/2015	Date of Injury:	07/12/2007
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 64-year-old woman with a date of injury of 07/12/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/15/2014, 10/24/2014, 10/31/2014, and 12/05/2014 indicated the worker was experiencing pain in both knees, neck, ankle, and shoulder; decrease sleep; and emotional distress. Documented examinations consistently described a painful walking pattern and tenderness in the knees. The submitted and reviewed documentation concluded the worker was suffering from arm neuropathy, left claw hand deformity, bilateral cubital tunnel syndrome, right knee arthritis, left knee meniscal tear, right shoulder tendinitis, herniated lumbar disk(s) with degenerative disk disease, left leg radiculitis, right trigger thumb, chronic regional pain syndrome type 1, right hip internal derangement, obstructive sleep apnea, anxiety and depression, and insomnia. Treatment recommendations included medications, H-wave stimulation, acupuncture, physical therapy, and follow up care. A Utilization Review decision was rendered on 11/23/2014 recommending non-certification for a preliminary evaluation and assessment of pulmonary respiratory disorders and sleep disordered breathing, unspecified cardiorespiratory diagnostic testing every three months indefinitely, an unspecified autonomic function test, and autonomic nervous system sudomotor testing every three months indefinitely. Echocardiogram and stress echocardiogram reports dated 02/26/2014 and a treating physician note dated 02/11/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous system submotor testing every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Medical Policy, 5/01/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Stevens MJ. Diabetic autonomic neuropathy. Topic 5285, version 13.0. UpToDate, accessed 02/19/2015. Sudoscan product information. Impetomedical. <http://us.impetomedical.com/sudoscan/about-sudoscan>. Accessed 02/19/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. There are several tests that look at sweat gland function as a way of looking at the overall state of a part of the nervous system. There is limited research to support this type of testing. The submitted and reviewed records concluded the worker was suffering from arm neuropathy, left claw hand deformity, bilateral cubital tunnel syndrome, right knee arthritis, left knee meniscal tear, right shoulder tendinitis, herniated lumbar disk(s) with degenerative disk disease, left leg radiculitis, right trigger thumb, chronic regional pain syndrome type 1, right hip internal derangement, obstructive sleep apnea, anxiety and depression, and insomnia. There was no discussion indicating the reason this testing was requested or describing special circumstances that sufficiently supported this request. Further, the request did not specify which test was needed and was for indefinite testing, which does not account for changes in the worker's condition or care needs or for advances in medical knowledge and technology. For these reasons, the current request for autonomic nervous system submotor testing every three months indefinitely is not medically necessary.

Cardio respiratory diagnostic testing every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Medical Policy, 5/01/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 02/11/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Cardiorespiratory testing generally looks at the heart and lungs overall, their functions, their structures, and the related blood flow. The submitted and reviewed documentation concluded the worker was suffering from arm neuropathy, left claw hand deformity, bilateral cubital tunnel syndrome, right knee arthritis, left knee meniscal tear, right shoulder tendinitis, herniated lumbar disk(s) with degenerative disk disease, left leg radiculitis, right trigger thumb, chronic regional pain syndrome type 1, right hip internal derangement, obstructive sleep apnea, anxiety and depression, and insomnia. The specific type of testing was not specified in the request, and

accepted guidelines and the literature cannot therefore be applied. Further, the request was made for indefinite testing, which does not account for changes in the worker's condition or care needs or for advances in medical knowledge and technology. For these reasons, the current request for unspecified cardiorespiratory diagnostic testing every three months indefinitely is not medically necessary.

Autonomic function test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Medical Policy, 5/01/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rutkove SB, et al. Overview of polyneuropathy. Topic 5284, version 14.0. UpToDate, accessed 02/19/2015. Stevens MJ, et al. Diabetic autonomic neuropathy. Topic 5285, version 13.0. UpToDate, accessed 02/19/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. There is limited research to show that a composite score of a number of different tests of the autonomic system can help support a diagnosis of small fiber sensory neuropathy. The submitted and reviewed documentation concluded the worker was suffering from arm neuropathy, left claw hand deformity, bilateral cubital tunnel syndrome, right knee arthritis, left knee meniscal tear, right shoulder tendinitis, herniated lumbar disk(s) with degenerative disk disease, left leg radiculitis, right trigger thumb, chronic regional pain syndrome type 1, right hip internal derangement, obstructive sleep apnea, anxiety and depression, and insomnia. There was no discussion describing the purpose of this testing or issues that sufficiently supported the request. Further, the specific type of testing was not specified. For these reasons, the current request for an unspecified autonomic function test is not medically necessary.

Preliminary evaluation and assessment of pulmonary respiratory disorders and sleep disordered breathing: 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 (Chronic) Polysomnography

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 9.0. UpToDate, accessed 12/30/2014.

Decision rationale: The MTUS Guidelines generally encourage consultative and follow up care when needed to maximize the worker's function. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. The submitted and reviewed records mentioned the worker had decreased sleep but did not document an assessment of this issue.

There was no indication the worker had a breathing issue, either while awake or while sleeping. In the absence of such evidence, the current request for a preliminary evaluation and assessment of pulmonary respiratory disorders and sleep disordered breathing is not medically necessary.