

Case Number:	CM15-0012557		
Date Assigned:	02/02/2015	Date of Injury:	07/27/2014
Decision Date:	06/11/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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:

The injured worker is a 41 year old male, who sustained an industrial injury on 07/27/2014. The mechanism of injury involved heavy lifting. The progress note dated 12/03/2014 indicated that the injured worker was seen for both the elbow and the shoulder. The injured worker was status post three injections into the lateral epicondyle. The first two injections provided a relief of symptoms; the latest injection failed to result in significant improvement. The documentation noted that with regard to the left shoulder, the injured worker was improving significantly. Physical therapy had been successful in working the stiffness out and helping him regain strength and range of motion. The diagnoses include status post left shoulder labral repair and decompression surgery and right lateral epicondylitis. Recommendations included physical therapy for the left shoulder and a right lateral epicondyle bursectomy and extensor tendon release. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Automatic nervous system sudomotor testing (Sudoscan): Upheld

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

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: www.aan.com. September 2, 2014. American Academy of Neurology. Autonomic Testing.

Decision rationale: According to the American Academy of Neurology, autonomic testing is an integral component of the clinical evaluation of patients with autonomic disorders. In this case, the injured worker presented to the primary physician's office with complaints of elbow pain, bilateral shoulder pain, low back pain, and hip pain. There was no indication that this injured worker maintains a diagnosis of a cardiac or autonomic disorder. The medical necessity for the requested testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

Cardiovagal innervation and heart rate variability parasympathetic innervation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.aan.com. September 2, 2014. American Academy of Neurology. Autonomic Testing.

Decision rationale: According to the American Academy of Neurology, autonomic testing is an integral component of the clinical evaluation of patients with autonomic disorders. In this case, the injured worker presented to the primary physician's office with complaints of elbow pain, bilateral shoulder pain, low back pain, and hip pain. There was no indication that this injured worker maintains a diagnosis of a cardiac or autonomic disorder. The medical necessity for the requested testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

Adrenergic beat to beat blood pressure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.aan.com. September 2, 2014. American Academy of Neurology. Autonomic Testing.

Decision rationale: According to the American Academy of Neurology, autonomic testing is an integral component of the clinical evaluation of patients with autonomic disorders. In this case, the injured worker presented to the primary physician's office with complaints of elbow pain, bilateral shoulder pain, low back pain, and hip pain. There was no indication that this injured

worker maintains a diagnosis of a cardiac or autonomic disorder. The medical necessity for the requested testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

Cardio-respiratory/automatic function assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: www.aan.com. September 2, 2014. American Academy of Neurology. Autonomic Testing.

Decision rationale: According to the American Academy of Neurology, autonomic testing is an integral component of the clinical evaluation of patients with autonomic disorders. In this case, the injured worker presented to the primary physician's office with complaints of elbow pain, bilateral shoulder pain, low back pain, and hip pain. There was no indication that this injured worker maintains a diagnosis of a cardiac or autonomic disorder. The medical necessity for the requested testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

x-ray of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray.

Decision rationale: The Official Disability Guidelines recommend x-rays for the hip and pelvis. Plain films should be routinely obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, there is no mention of an attempt at any type of conservative treatment for the bilateral hips. There is no indication that this injured worker is at high risk of the development of hip osteoarthritis. The comprehensive physical examination provided on 12/03/2014 involved the left shoulder and right elbow. There was no comprehensive physical examination of the bilateral hips provided. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.

x-ray of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray.

Decision rationale: The Official Disability Guidelines recommend x-rays for the hip and pelvis. Plain films should be routinely obtained in patients sustaining a severe injury. X-rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, there is no mention of an attempt at any type of conservative treatment for the bilateral hips. There is no indication that this injured worker is at high risk of the development of hip osteoarthritis. The comprehensive physical examination provided on 12/03/2014 involved the left shoulder and right elbow. There was no comprehensive physical examination of the bilateral hips provided. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.