MAXIMUS Federal Services

Case Number:	CM15-0170976		
Date Assigned:	09/11/2015	Date of Injury:	03/04/2013
Decision Date:	10/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/31/2015

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 28 year old male, who sustained an industrial injury on 3-4-2013. The current diagnoses are left wrist fracture, status post open reduction with internal fixation (3-2013), and injury to elbow, forearm, wrist, and hand except fingers. According to the progress report dated 6-24-2015, the injured worker complains of sharp pain in the left wrist associated with numbness and weakness in the hand. The pain is rated 4-5 out of 10 on a subjective pain scale. The physical examination of the left hand reveals diminished sensation to second and third finger, decreased grip (5-5-10), painful and restricted range of motion of the left wrist by 20% in all planes, and tenderness over the flexion and extension tendons. Treatment to date has included medication management, x-rays, physical therapy, splint, cast, and surgical intervention. Work status is not specified. The original utilization review (7-22-2015) had non-certified a request for cardio-respiratory diagnostic testing (autonomic function assessment) to be repeated approximately every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory diagnostic testing (autonomic function assessment) to be repeated approximately every 3 months: 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/pubmed/8985793.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Autonomic Function Assessment Testing.

Decision rationale: Per Medscape Internal Medicine, Autonomic testing is an umbrella term that covers testing of the various branches of the nervous system: the sympathetic, parasympathetic, and enteric. It should be noted that the autonomic nervous system extends to nearly every organ system in the body; so many organ specific tests are in fact tests of autonomic function (such as urodynamic studies, gastric motility testing, pupillometry, tests of lacrimal and salivary gland production, etc.). The standard tests of autonomic function include testing of sudomotor (sympathetic cholinergic), cardiovagal (parasympathetic) and sympathetic adrenergic system function. As is true for other accepted tests of neurophysiologic function and clinical monitoring technologies, randomized controlled trials establishing the efficacy of autonomic testing have not been done. In this case there is no documentation that the patient has any metabolic or cardiorespiratory problem warranting an autonomic function assessment. Medical necessity for the requested item is not established. The requested item is not medically necessary.