

Case Number:	CM15-0173702		
Date Assigned:	09/15/2015	Date of Injury:	01/21/2015
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industrial injury of January 21, 2015. In a Utilization Review report dated August 13, 2015, the claims administrator approved an orthopedic follow up visit, denied an autonomic nervous system (ANS) evaluation, approved 8 sessions of acupuncture, and failed to approve request for functional improvement measures testing. A July 13, 2015 office visit was referenced in the determination. Non-MTUS Chapter 9 ACOEM Guidelines and non-MTUS ODG Guidelines were invoked in the acupuncture determination, it was incidentally noted. The applicant's attorney subsequently appealed. In an 11-page appeal letter dated August 26, 2015, the attending provider appealed functional improvement measures testing and autonomic nervous system testing in a highly templated fashion. It was not stated precisely what was sought insofar as the autonomic nervous system testing was concerned. On an RFA form dated August 17, 2015, acupuncture and the functional improvement measures testing were sought. In an associated progress note dated August 17, 2015, difficult to follow, not entirely legible, the applicant was given a rather proscriptive 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. An orthopedic consultation to address the rotator cuff tear was sought. Functional improvement measures testing were endorsed through pre-printed checkboxes, without much in the way of supporting commentary. On a handwritten note dated July 13, 2015, an orthopedic consultation, physical therapy, acupuncture, autonomic nervous system testing, and a functional capacity testing were sought through pre-printed

checkboxes. Little-to-no narrative commentary accompanied the request. Little-to-no narrative commentary accompanied the request. It was not stated precisely what was sought via the autonomic nervous system testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous system evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Autonomic test battery.

Decision rationale: No, the request for an autonomic nervous system evaluation/autonomic nervous system testing was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend autonomic testing in conjunction with quantitative pseudomotor axon reflex testing to formulate correct diagnosis of complex regional pain syndrome, here, however, little-to-no narrative commentary accompanied the request for authorization. The applicant's sole operating diagnosis appeared to be that of shoulder rotator cuff tear. There was no mention of the applicant's carrying a diagnosis or suspected diagnosis of complex regional pain syndrome (CRPS) as of the July 13, 2015 office visit at issue. Therefore, the request was not medically necessary.

Functional improvement measures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: Similarly, the request for functional improvement measures testing (AKA functional capacity testing) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity testing when necessary to translate medical impairment into limitations and/or restrictions and to determine work capability, here, however, the applicant was seemingly off of work, it was suggested above. The applicant was seemingly off of work. It did not appear that the applicant was working with limitations in place, the treating provider suggested (but did not clearly state) on a handwritten progress note dated July 13, 2015. It was not clearly stated, in short, why functional capacity testing was sought in the clinical and/or vocational context present here. It was not clearly established that the applicant had a job to return to and/or was intent on returning to the workplace and/or workforce as of the date of the request, July 13, 2015. While

page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Functional Capacity Evaluation/functional capacity testing as a precursor to pursuit of work hardening program, here, however, the handwritten July 13, 2015 office visit made no mention of the applicant's considering or contemplating enrollment in a work hardening or work conditioning program. Therefore, the request was not medically necessary.