

Case Number:	CM15-0079340		
Date Assigned:	04/30/2015	Date of Injury:	01/02/2014
Decision Date:	06/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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 68-year-old male who sustained an industrial injury on 1/2/14. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having, osteoarthritis lower leg, cervical radiculitis, rotator cuff tear status post left shoulder rotator cuff repair and herniated nucleus pulposus. Treatments to date have included activity modification and physical therapy. Currently, the injured worker complains of right knee discomfort. The plan of care was for diagnostics and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic Nervous Study: Sudo-Scan Test to the Right Knee as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.us.impeto-medical.com/sudoscans/about-sudoscans/, Official disability guidelines Pain (Chronic) Chapter, Autonomic nervous system function testing.

Decision rationale: Based on the 11/24/14 progress report provided by treating physician, the patient presents with left shoulder pain. Patient is status post left shoulder rotator cuff repair 05/06/14. The request is for autonomic nervous study: sudo-scan test to the right knee as outpatient. Patient's diagnosis on 11/24/14 included left shoulder rotator cuff tear, and cervical radiculopathy. Treatments to date have included activity modification and physical therapy. Patient medications include Clonoril and Tizanidine, per 11/24/14 report. Patient is working full-duty, per 02/23/15 progress report. Treatment reports were provided from 11/24/14 - 03/11/15. Progress reports were handwritten and difficult to interpret. Per www.us.impeto-medical.com/sudoscan/about-sudoscan/ states: "The Sudoscan device is cleared for sale in the USA by the Food and Drug Administration. Sudoscan is a new test that provides an accurate evaluation of sweat gland function through galvanic skin response in less than 3 minutes. SUDOSCAN measures the ability of the sweat glands to release chloride ions in response to an electrochemical activation on the palm of the hands and soles of the feet, areas with the highest sweat gland density. It is a dynamic test equivalent to a stress test in cardiology [1]." ODG-TWC, Pain (Chronic) Chapter under Autonomic nervous system function testing states: "Not generally recommended as a diagnostic test for CRPS." Professional Referral slip dated 03/11/15 included the request for Sudo Scan. In this case, the patient presents with left shoulder pain. Physical examination on 11/24/14 revealed tenderness to left shoulder, and range of motion shoulder abduction 140, external rotation 50, and internal rotation 40 degrees. None of the progress reports discusses cardiac or respiratory complaints by the patient that might show dysfunction of the autonomic nervous system. Review of provided medical records show Cardio-Respiratory and Sudo-Scan reports dated 03/11/15, and 11/21/14. It appears the procedure was performed prior to authorization. No medical rationale was provided to establish the medical necessity of this request. Therefore, the request is not medically necessary.