

<b>Case Number:</b>	CM13-0029185		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	12/08/2003
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 67 year old male who was injured on 12/08/2013. The mechanism of injury is unknown. Prior treatment history has included Norco 10/325 mg b.i.d. and Soma 350 mg p.o. b.i.d. Diagnostic studies reviewed include MRI of the left knee performed 03/12/2013 revealed a mild linear intrameniscal myxoid degenerative signal intensity within the body and posterior horn of the lateral meniscus with a thin partial oblique linear tear identified extending through the inferior-inner articular free edge at the junction of the body and posterior horn lateral meniscus. There is mild degenerative arthritic change of the patella-femoral compartment; a note is also made of mild focal chondromalacia at the anterior-inferior surface of the medial femoral condyle with adjacent sub-cortical degenerative micro-cyst formation. There is mild pre-patellar edema and swelling suggests changes of pre-patellar bursitis. PR2 dated 08/06/2013 documented the patient to have complaints of shooting constant nerve ending type of pain that is burning and irritating. Objective findings on exam revealed the patient has pain with forward flexion at 55 degrees and posterior extension at 25 degrees. The patient has pain with left and right lateral rotation at 30 degrees and left and right lateral tilt at 15 degrees. His motor strength was 4.5/5 bilateral lower extremities; deep tendon reflexes are 2+ and equal bilateral lower extremities. His sensation is intact to light touch, pinprick, and temperature sensation bilateral lower extremities, except for decreased sensation in the bilateral L5 and S1 dermatomes. His straight leg raise are positive bilaterally at 75 degrees. The patient Final Determination Letter for IMR Case Number [REDACTED] has pain with anterior flexion at 60 degrees and posterior extension at 30 degrees. He has pain with left and right lateral rotation at 30 degrees and left and right lateral tilt at 10 degrees. 08/06/2013: His labs were reviewed which showed an elevated hemoglobin and hematocrit. The patient had a hematocrit of 53.4 and hemoglobin of 17.9. 08/06/2013: The patient was diagnosed with 1) DJD of the lower lumbar spine; 2) Herniated nucleus pulposus of

the lower lumbar spine; 3) Status post lumbar laminectomy with post-laminectomy syndrome and chronic neuropathic pain of the lower lumbar spine; 4) Intervertebral disc disorder lumbar; 5) Intervertebral disc disorder cervical; 6) Internal derangement left knee; 7) Internal derangement right knee; 8) Bilateral carpal tunnel syndrome; 9) Left cubital tunnel syndrome; 10) Elevated hemoglobin and hematocrit. The recommendation was to request for an authorization to obtain a sleep study for the increase in his hemoglobin and hematocrit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ONE (1) SLEEP STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides (5th Edition), Sleep Disorder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sleep Studies, Polysomnography

**Decision rationale:** The requested study is not certified. According to the ODG guidelines, sleep study are indicated for insomnia complaints for 6 months, excessive daytime somnolence, cataplexy, suspected periodic limb disorder, or other less common indications. The patient has a history of elevated hemoglobin but this is not one of the listed criteria to warrant sleep study. Additionally, there was insufficient discussion of the work up performed thus far and a clear indication for the sleep study has not been provided. Given the above the request is not certified.