

Case Number:	CM13-0033889		
Date Assigned:	07/02/2014	Date of Injury:	08/28/2007
Decision Date:	07/31/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 56-year-old female with a reported injury on 08/28/2007. The mechanism of injury was not provided. The injured worker had an examination on 08/27/2013 which reported that she had complaints of left shoulder derangement and pain and left shoulder decreased range of motion, although the range of motion test and strength evaluation were not provided. The only diagnosis that was given to her was the left shoulder derangement. There was no list of medication, nor was there any documentation regarding any physical therapy or prior conservative treatment. The planned treatment was to continue acupuncture and a left shoulder scope. There was no mention or any documentation regarding the injured worker having sleep issues, but on the request and in the rationale, it does state that the injured worker was evaluated in a consultation that she exhibits symptoms suggestive of sleep disordered breathing, such as obstructive sleep apnea. The request and the rationale were signed and dated on 09/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLYSOMNOGAPHY AGE 6 YEARS OR OLDER SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP ATTENDED BY A TECHNOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: The request for the polysomnography is non-certified. There are no guidelines regarding the polysomnography in the California MTUS Guidelines or in the ACOEM Guidelines. The Official Disability Guidelines do mention that for polysomnography, it is recommended after at least 6 months of insomnia complaints, for at least 4 nights per week; or unresponsive to behavior intervention and/or sedative sleep-promoting medications; and after psychiatric etiology has been excluded. There is no evidence of insomnia complaints. There is no evidence of any kind of behavioral intervention and there is no list of medications provided; therefore, it is unknown if the injured worker has been on any kind of sleep-promoting medications. Additionally, there was no psychiatric evaluation noted. There is no documentation provided to be able to support the need for polysomnography. Therefore, the request for polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist is not medically necessary and appropriate.