

Case Number:	CM13-0035030		
Date Assigned:	12/11/2013	Date of Injury:	03/15/2012
Decision Date:	05/19/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

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 23-year-old male who was injured on 03/16/2012, due to a forklift accident while on the job. The progress note dated 01/14/2013, documented the patient to have complaints intermittent pain with any prolonged standing or walking. He is status post left foot second and first toe amputation. Objective findings on exam included the skin is intact. There is no sign of infection. There is mild tenderness at the amputation site. The rest of examination is unremarkable. The diagnosis include: Left foot first and second toe amputation. The progress note dated 03/20/2013, documented the patient admitting to some improvement. He is status post left foot second and first toe amputation. There is no change on examination of the left foot. The diagnosis include: Left foot first and second toe amputation. The treatment plan indicated that the patient would like to attempt to return to regular work status. He will continue with home exercise program and anti-inflammatory meds as needed. He will follow-up in one month for reassessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT SLEEP STUDY: 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), MENTAL ILLNESS AND STRESS (UPDATED 05/13/2013), POLYSOMNOGRAPHY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS, POLYSOMNOGRAPHY.

Decision rationale: The Official Disability Guidelines recommend polysomnography for the combination of the following: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; and (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The medical records do not document that the patient has any of the aforementioned conditions. Based on the guidelines and criteria, as well as the medical documentation, the request for an urgent sleep study is as not medically necessary.