

Case Number:	CM13-0040486		
Date Assigned:	12/20/2013	Date of Injury:	07/24/2011
Decision Date:	03/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 68-year-old male who reported an injury on 07/24/2011. The mechanism of injury was the result of carrying a heavy weight. The patient was diagnosed with right knee severe tricompartmental arthritis, lumbar spine degenerative disc disease at L3-4, lumbar spine postsurgical instrumentation at L4-5, lumbar spine facet syndrome at L5-S1, and bilateral knee degenerative arthrosis. The patient complained of low back pain and bilateral knee joint pain. An MRI performed in 2013 revealed disc damage, and an MRI of the knee revealed meniscal damage. The patient had decreased range of motion of the lumbar spine. The patient noted tenderness along the patella with crepitus. The patient also had previously healed arthroscopic scars on the right knee. The patient was recommended right knee surgery for a right knee replacement

IMR ISSUES, DECISIONS AND RATIONALES

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

sleep study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS/ACOEM does not address sleep studies. The Official Disability Guidelines (ODG) state the criteria for polysomnography is as follows: excessive daytime somnolence, cataplexy brought on by excitement or emotion, morning headache, intellectual deterioration, personality change, and insomnia complaint for at least 6 months. There also must be unresponsiveness to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The patient complained of pain to the low back and the right knee. The clinical documentation submitted for review does not indicate the patient had any complaints of insomnia. Given the lack of documentation to support guideline criteria, the request is non-certified.