

Case Number:	CM13-0052353		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2011
Decision Date:	05/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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, Pulmonary Diseases 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 31-year-old male who reported an injury on 09/07/2011. The mechanism of injury was not provided for review. The injured worker sustained an injury to multiple body parts to include the cervical spine, left upper extremity, bilateral knees, and head. The injured worker underwent open reduction and internal fixation of the left ulna/radius status post a fracture that was followed by hardware removal and postoperative physical therapy. The most physical evaluation submitted for review is dated 10/24/2013. It was documented that the injured worker had ongoing pain complaints with left upper extremity range of motion and left knee tenderness. Physical findings included tenderness to palpation over the medial and lateral epicondyles of the elbow with tenderness over the dorsal carpal bones, as well as triangular fibrocartilage complex region. The injured worker had a mildly positive Finkelstein's maneuver. Evaluation of the left shoulder documented tenderness over the anterior and lateral deltoid with a positive impingement sign. Evaluation of the left knee documented tenderness along the joint lines with a negative McMurray's and positive patellofemoral grind. The injured worker's diagnoses included cervical spine sprain/strain, status post fracture left ulna/radius, status post open reduction and internal fixation surgery of the left forearm, bilateral knee contusions, and post head trauma. The injured worker's treatment plan included referral to a hand surgeon, physical therapy, and continuation of medications. On 11/04/2013, a request was made for a polysonogram, EMG/NCS of the bilateral upper extremities, and EEG/QEEG. It was noted that both subjective complaints and objective findings support the request. However, these were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLYSOMNOGRAM: 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) TWC 2013 Pain, Polysomnography

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, Polysomnography

Decision rationale: The requested polysomnogram is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address polysomnography. Official Disability Guidelines recommend polysomnography for injured workers who have at least 6 months of sleep disturbances that have been non-responsive to pharmacological and non-pharmacological measures and have caused a disruption in the injured worker's daytime activities. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's sleep hygiene to support there has been a disruption in sleep patterns for at least 6 months. There is no documentation of a treatment history to support the injured worker has failed both pharmacological and non-pharmacological measures. As such, the requested polysomnogram is not medically necessary or appropriate.