

Case Number:	CM13-0064631		
Date Assigned:	01/03/2014	Date of Injury:	07/06/2013
Decision Date:	06/04/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 [REDACTED] employee who has filed a claim for obstructive sleep apnea associated with an industry injury of July 06, 2013. Review of the progress notes shows that the patient complains of left knee pain symptoms, with swelling, tenderness, decreased range of motion, and decreased strength. Thus far, the patient has been treated with a left knee arthroscopy, which was performed on November 30, 2010, aqua therapy, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), opioid medications, topical analgesic creams, and muscle relaxants. The progress notes from August, October, November, and December 2013 mention a sleep aid that made the patient drowsy, but did not help with sleep. In a utilization review report of November 18, 2013, the claims administrator denied a request for sleep disordered breathing respiratory study including pulse oximetry, nasal function studies, and spirometry and pulmonary function and stress testing, as there is no documentation regarding any pulmonary diagnoses or associated findings that would indicate necessity for these procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP DISORDERED BREATHING RESPIRATORY STUDY, INCLUDING PULSE OXIMETRY: 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, ONLINE VERSION, 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 Official Disability Guidelines indicate that the criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six (6) months. Unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, there is no documentation of the above mentioned symptoms aside from mention of a sleep aid. Therefore, the request for sleep disordered breathing respiratory study was not medically necessary per the guideline recommendations.

NASAL FUNCTION STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THULESIUS, H.L., ET AL (2012). THE IMPORTANCE OF SIDE DIFFERENCE IN NASAL OBSTRUCTION AND RHINOMANOMETRY: A RETROSPECTIVE CORRELATION OF SYMPTOMS AND RHINOMANOMETRY IN 1000 PATIENTS, CLINICAL OTOLARYNGOLOGY, 37(1), 17-22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PASSALI, F.M., BELLUSSI, L., MAZZONE, S., & PASSALI, D. (2001). PREDICTIVE ROLE OF NASAL FUNCTIONALITY TESTS IN THE EVALUATION OF PATIENTS BEFORE NOCTURNAL POLYSOMNOGRAPHIC RECORDING. ACTA OTORHINOLARYNGOLOGICA ITALICA, 31(2); 103-108.

Decision rationale: Literature shows that the evaluation of nasal functions can be used in the selection of obstructive sleep apnea syndrome patients undergoing polysomnography. In this case, there is no documentation regarding any sleep apnea symptoms in this patient. Therefore, the request for nasal function tests is not medically necessary at this time.

SPIROMETRY AND PULMONARY FUNCTION AND STRESS TESTING: 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), PULMONARY CHAPTER, ONLINE VERSION, PULMONARY FUNCTION TESTING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PULMONARY CHAPTER, PULMONARY FUNCTION TESTING.

Decision rationale: The Official Disability Guidelines indicate that pulmonary function testing is recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete pulmonary function test (PFT) is

utilized and, on occasions, incorporates pulmonary exercise stress testing. The test is recommended for the diagnosis and management of chronic lung diseases. In this case, there is no documentation of any pulmonary diagnosis, symptoms, or objective findings to warrant pulmonary function testing. Therefore, the request for spirometry and pulmonary function and stress testing was not medically necessary per the guideline recommendations.