MAXIMUS Federal Services

Case Number:	CM13-0064649		
Date Assigned:	01/03/2014	Date of Injury:	08/09/2013
Decision Date:	03/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal Medicine, and is licensed to practice in New York. 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 39 year old male lab technician with a date of injury on 08/09/2013. He had an Epoxy fume exposure. The accepted body part is larynx. On 08/26/2013 he complained of a sore throat. Vital signs were normal. He had no shortness of breath or chest pain. Chest was clear. Voice was hoarse. He is working at his regular job. On 09/11/2013 he had a laryngoscopy that revealed edema of arytenoids. There was no erythema. On 11/06/2013 he had throat irritation around fumes and smoke. He was 5'8" tall and weighed 172 pounds. Pulmonary function testing and a stress test were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for sleep study (nights): 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 Edition, Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition, 2011.

Decision rationale: There are no MTUS guidelines for a sleep study. The lungs are not an accepted injured body part. Chest was clear. There is no documentation of obesity, daytime hypersomnia, elevated Epworth Sleepiness score, witnessed apnea, awakening gasping for air that would support an increased risk of sleep apnea. Therefore the requested sleep study is not medically necessary.

The request for overnight pulse oximetry (nights): 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 Edition, Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fishman AP, Editor in Chief, Fishman's Pulmonary Diseases and Disorders, 4th Edition. 2008 and Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition, 2011.

Decision rationale: There are no MTUS guidelines for an overnight pulse oximetry. The lungs are not an accepted injured body part. Chest was clear. There is no documentation of lung disease. There is no documentation of obesity, daytime hypersomnia, elevated Epworth Sleepiness score, witnessed apnea, awakening gasping for air that would support an increased risk of sleep apnea. Therefore the requested sleep study was not medically necessary and nocturnal oximetry is part of that test. Also there is no documentation of any lung disease that would cause hypoxia.

The request for nasal function studies (nights): 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 Edition, Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kryger MH, Roth T, Dement WC., Prinicples and Practice of Sleep Medicine, 5th Edition, 2011 and Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition 2011.

Decision rationale: There are no MTUS guidelines for nasal function studies are part of a sleep study. The lungs are not an accepted injured body part. Chest was clear. He has already been evaluated by an Ear, Nose, and Throat (ENT) physician. There is no documentation of obesity, daytime hypersomnia, elevated Epworth Sleepiness score, witnessed apnea, awakening gasping for air that would support an increased risk of sleep apnea. Therefore the requested sleep study is not medically necessary. The nasal function test which is part of that test is not indicated. There is no documentation of abnormal nasal function.