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| <b>Case Number:</b>   | CM13-0069825 |                              |            |
| <b>Date Assigned:</b> | 04/28/2014   | <b>Date of Injury:</b>       | 01/26/2012 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 12/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2013 |

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 50-year-old male who reported an injury on 01/26/2012. The mechanism of injury was his left hand was caught between a metal rack and an electric pallet jack. The clinical note dated 12/13/2013 noted the injured worker presented with continued complaints of pain in his left little finger. The prior treatments were not provided. Upon examination of the hand, there is ankylosing at 90 degrees of flexion contracture of the distal interphalangeal (DIP) joint of the left little finger with healed skin graft at the tip with hypersensitivity to touch. There was also noted decreased grip strength. The diagnoses were status post left little fingertip amputation with cross finger skin flap and skin grafting, with painful amputation stump. The provider recommended a pulmonary and respiratory diagnostic testing, including sleep study and cardio-respiratory diagnostic study, the providers rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PULMONARY AND RESPIRATORY DIAGNOSTIC TESTING, INCLUDING SLEEP STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for pulmonary and respiratory diagnostic testing, including sleep study, is not medically necessary. The Official Disability Guidelines recommend at least 6 months of insomnia complaints, unresponsiveness to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. It is not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. An adequate examination of the injured worker was not provided detailing current deficits to warrant a sleep study. There was lack of evidence to include symptoms or diagnosis of insomnia and the provider's rationale for the request is not provided. As such, the request for pulmonary and respiratory diagnostic testing, including sleep study, is not medically necessary.

**CARDIO-RESPIRATORY DIAGNOSTIC STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for cardio respiratory diagnostic study is not medically necessary. The Official Disability Guidelines recommend the use of pulmonary function tests in injured workers with asthma, other lung disease, and it could be used to determine the diagnosis and provide estimates of prognosis. Complete pulmonary function tests are utilized on occasion and incorporates pulmonary exercise stress testing, is recommended for the diagnosis and management of chronic lung disease, and preoperative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary restriction or in the preoperative assessment of the pulmonary patient. The included medical documents lack evidence of significant functional deficit in regard to cardio or respiratory symptoms. There was a lack of significant objective examination findings to support the possible pathology to warrant a cardiorespiratory diagnostic study. The provider's rationale was not provided. As such, the request for cardio respiratory diagnostic study is not medically necessary.