

Case Number:	CM13-0070298		
Date Assigned:	01/03/2014	Date of Injury:	06/19/1990
Decision Date:	04/24/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	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 Neurologist and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 06/19/1990. The mechanism of injury was not stated. The patient is currently diagnosed with cervical spondylosis, lumbar spondylosis, bilateral rotator cuff tears, bilateral knee diffuse meniscal injuries and tearing, gastro esophageal reflux disease, aggravation of diabetes mellitus, aggravation of hypertension, status post left inguinal hernia repair, and bilateral carpal tunnel syndrome. The patient was seen by [REDACTED] on 11/05/2013. It is noted that the patient has been treated with cortisone injections into the shoulder, wrist braces for carpal tunnel syndrome, and has been discharged from an orthopedic surgeon. Physical examination revealed intact shoulder range of motion; weakness in the right wrist, positive Tinel's testing on the right, and positive median nerve compression testing bilaterally. It is noted that electrodiagnostic studies of the bilateral upper extremities revealed right greater than left carpal tunnel syndrome, as well as bilateral mild ulnar entrapment at the wrist. Treatment recommendations on that date included carpal tunnel release on the right, medication management, a chest x-ray, EKG, echocardiogram, laboratory studies, urology evaluation, and a sleep study.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Polysomnography

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

Decision rationale: Official Disability Guidelines state polysomnogram/sleep studies are recommended for the combination of specific indications. Patients should exhibit excessive daytime somnolence, cataplexy, morning headache, personality change, sleep-related breathing disorder or periodic limb movement disorder, or insomnia for at least 6 months. As per the documentation submitted, the patient does not meet any of the above mentioned criteria for a polysomnogram. There is no evidence that this patient has suffered from chronic insomnia for at least 6 months and has been unresponsive to behavioral intervention. There is also no evidence of an exclusion of sedative medications and psychiatric etiology. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.