

<b>Case Number:</b>	CM13-0070813		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation 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 59 year old male with a reported injury date of 01/01/2012; the mechanism of injury was not provided. The clinical note dated 11/22/2013 noted that the injured worker has complaints of frequent right upper extremity pain over the shoulder and continued weakness. The objective findings include tenderness over the right AC joint anterior joint line and swelling over the biceps tendon. It was also noted that the injured worker has a diagnoses of stroke with right side severe complications. The request for authorization form was not provided in the available clinical documentation.

### 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, 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 request for a sleep study is not medically necessary. It was noted that the injured worker had complaints of frequent right upper extremity pain over the shoulder and continued weakness. The objective findings include tenderness over the right AC joint anterior joint line and swelling over the biceps tendon. It was also noted that the injured worker had a diagnosis of stroke with right side severe complications. The Official Disability Guidelines state that polysomnography is recommended for a combination of indications to include: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (after other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The medical necessity for a sleep study has not been established. The documentation provided lacked adequate evidence of objective physical findings and/or documentation of a history of symptomatology related to insomnia or other sleep related illnesses. Due to the above points, the request for a sleep study is not medically necessary or appropriate.