

Case Number:	CM13-0071771		
Date Assigned:	01/08/2014	Date of Injury:	10/26/2011
Decision Date:	06/09/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	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 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 was injured on 10/26/2011 while a partition measuring 6x6 fell onto the patient injuring his right foot. He experienced immediate pain in his right foot. Later that day he began to experience pain in his right knee. Prior treatment history has included physical therapy and injection. The patient underwent arthroscopic debridement and then arthroscopic surgery of the left knee. Progress note dated 11/04/2013 documents the patient with complaints of intermittent dull, achy, low back pain and stiffness associated with bending. He also has pain with sleeping. Patient states the doctor is requesting surgery since injections for left knee were denied. He complains of frequent, mild, dull, achy, sharp left knee pain associated with walking, bending and twisting. Objective finding son exam reveal examination of the lumbar spineranges of motion are painful. Extension 20/25, flexion 60/60, left lateral bending 25/25 and right lateral bending 25/25. There is +3 tenderness to palpation of the lumbar paravertebral muscles and right SI joint. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain. Sitting straight leg raise is negative. Examination of the left knee reveals there is WHSP x2 in the left knee. The ranges of motion are painful. Extension is 0/0 and flexion is 140/140. There is +3 tenderness to palpation of the anterior knee and medial knee. McMurray's is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

PULMONARY/RESPIRATORY DIAGNOSTIC TESTING: 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), Pain (Chronic), Polysomnography.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The provider has requested pulmonary/respiratory diagnostic testing including sleep disordered breathing study to objectively measure the patient's respiratory functioning and screening for any signs and symptoms arising out of the industrial injury. However, the record submitted for review do not document any complaints of sleeping difficulties nor the patient has been diagnosed with sleep disorder. There is no mention of daytime somnolence, headaches or any other symptoms of sleep difficulties. Therefore, the request for Pulmonary/Respiratory Diagnostic Testing is not medically necessary and appropriate.