

<b>Case Number:</b>	CM13-0071776		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/04/2013
<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 Anesthesiology, 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 is a 46-year-old male with a date of injury of 10/26/11. The patient had an object fall on his right foot/ankle, resulting in a fracture at the base of the third right metacarpal and forth metatarsal, according to the medical records. The patient had left knee surgery on 12/3/13 and additional arthroscopic knee surgery on 1/9/12. Additional diagnoses include lumbar sprain/strain, gait abnormality, left knee sprain/strain and right foot neuritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP DISORDERED BREATHING RESPIRATORY 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Ambulatory diagnosis of sleep-related breathing disorders. Penxel T, Peter JH; Sleep. 1992;15(6 Suppl):s9.

**Decision rationale:** Sleep Disorder Breathing (SDB) and sleep apnea is usually assessed by polysomnography using the apnea-hypopnea index or AHI. The AHI is defined as the average number of apneic plus hypopneic episodes per hour of sleep, but there are other mitigating factors that contribute to the diagnosis of SDB. There is also data to suggest that sleep-disordered

breathing is a risk factor for hypertension and cardiovascular morbidity. SDB testing is typically ordered when a patient is suspected of having obstructive sleep apnea (OSA), central sleep apnea (CSA) or symptoms of hypoventilation. A common tool used to screen for these disorders is the 'STOP-Bang score.' This tool is used as a means to screen for the presence of pertinent symptoms, which would then lead to a formal evaluation or SDB test. The presence of pertinent symptoms is the major factor favoring patient evaluation and testing for SDB. On 11/14/13, there is documented evidence of an order for an SDB study to measure the patient's respiratory functioning and to screen for symptoms secondary to the injury that may be affected by autonomic dysfunction. There is also documented evidence stating that this patient is having difficulty sleeping due to pain. There is no documented evidence, however, of this patient having symptoms related to SDB. Nor is there any record of using a screening tool, such as the STOP-Bang questionnaire. The MTUS is silent on the issue of SDB studies; however, the Official Disability Guidelines recommend polysomnography only after at least six months of an insomnia complaint, after being unresponsive to behavioral intervention, and once psychiatric etiology has been excluded. There is no documented evidence to suggest the above listed criteria for polysomnography applies to this patient. As such, the request is not medically necessary.