

Case Number:	CM14-0001605		
Date Assigned:	01/22/2014	Date of Injury:	01/07/2013
Decision Date:	10/08/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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 74-year-old female who reported an injury on 01/07/2013. The mechanism of injury was a fall. The diagnoses included status post shoulder fracture and medial joint osteoarthritis of the right knee. The previous treatments included medication and x-rays. Within the clinical note dated 12/12/2013, it was reported the injured worker complained of right shoulder and knee pain. The injured worker complained of persistent right shoulder pain with stiffness. She complained of persistent right knee pain with clicking and catching. On physical examination, the provider noted the injured worker had decreased sensation to pinwheel sharp/dull differentiation in the thumb and index finger of the right hand. The injured worker had a positive impingement test 1 and 2. The request submitted is for a sleep study. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

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, TREATMENT INDEX, 11TH EDITION (WEB), 2013 PAIN CHAPTER, 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), Pain, Polysomnography.

Decision rationale: The request for sleep study is not medically necessary. The Official Disability Guidelines recommend sleep studies after at least 6 months of insomnia complaints and at least 4 nights a week, unresponsive to behavior interventions, 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. The criteria for a sleep study include a combination including excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, sleep related breathing disorders, or periodic limb movement disorders. There is lack of documentation indicating the injured worker had subjective or objective complaints of insomnia for at least 6 months. There is lack of clinical documentation indicating the injured worker had been unresponsive to behavior intervention and sedative/sleep promoting medications. Therefore, the request is not medically necessary.