

<b>Case Number:</b>	CM14-0005785		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, has a subspecialty in Sports Medicine, 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 injured worker is a 68-year-old male who reported an injury on 07/24/2011. The mechanism of injury was not stated. Current diagnoses include status post right knee surgery in 1998, right knee strain, and left knee strain. The injured worker was evaluated on 11/27/2013. The injured worker reported persistent right and left knee pain. Physical examination revealed intact sensation. Treatment recommendations at that time included 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 ODG Pain (updated 11/14/13) 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 study is recommended for a combination of indications including excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep related

breathing disorder, insomnia complaints, and an unresponsiveness to behavioral intervention and sedative/sleep promoting medication and psychiatric etiology exclusion. The injured worker does not meet criteria for the requested service. There is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes or chronic insomnia. The injured worker does not maintain a diagnosis of chronic insomnia or obstructive sleep apnea. There is no documentation of an exclusion of behavioral interventions or sedatives/sleep promoting medication and psychiatric etiology. Based on the clinical information received, the request is not medically necessary and appropriate.