

Case Number:	CM14-0100309		
Date Assigned:	07/30/2014	Date of Injury:	08/24/2010
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records presented for review indicate that this 52 year-old female was reportedly injured on 8/24/2010. The mechanism of injury is not listed. The most recent progress note dated 7/14/2014, indicates that there are ongoing complaints of neck and shoulder pain. Physical examination demonstrated moderate tightness in the trapezius and paravertebral musculature on right, with minimum on left; range of motion (ROM): flexion/extension 20, rotation 50/40, lateral bending 20/25; Brachial Plexus Tinel's testing Is negative; Cubital Tinel's testing is moderately positive; Carpal Tinel's testing is slightly positive; Guyon's canal Tinel's testing is negative on the right; supraclavicular compression testing, pre-trapezius, is positive on the right with increased tingling into the 3rd digits on the right hand and on the left hand is negative; triceps and biceps are rated 4+/5 on the right, 5/5 on left; grasp is moderately weak on the right; as compared to the left. No recent diagnostic imaging studies available for review. Previous treatment includes physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercise program and medications to include Oxycodone, Fentanyl Patch, Neurontin, Wellbutrin, Lorazepam and Flexeril. A request was made for sleep study and was not certified in the utilization review on 6/20/2014.

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, SLEEP STUDY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography (updated 7/10/14).

Decision rationale: MTUS/ACOEM guidelines fails to address polysomnography (sleep studies). ODG supports polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for six months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. After review of the available medical records, the claimant does not meet the guideline criteria due to lack of supporting clinical documentation. As such, this request is not considered medically necessary.