

Case Number:	CM14-0103744		
Date Assigned:	07/30/2014	Date of Injury:	08/17/2012
Decision Date:	09/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational 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 is a 63-year-old female who has submitted a claim for sprains and strains of legs associated with an industrial injury date of August 17, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain of the inner side of the knee. A progress note on April 22, 2014 mentioned that the patient had difficulty of sleeping at night and reported that she had been waking up every hour. Physical examination of the patient was limited to vitals signs (weight of 171 lbs, BP of 142/84, PR of 76) and knee examination. The patient was diagnosed with five weeks status post arthroscopy, left knee, and partial medial meniscectomy. Treatment to date has included medications, surgery and work restrictions. The patient has had Restoril tablets for her insomnia. There was no mention whether this had been effective. Utilization review from June 18, 2014 denied the request for Sleep Study because there was no indication of the patient undergoing a sleep consultation.

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: Pain Chapter (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 chapter, Polysomnography.

Decision rationale: The CA MTUS does not specifically address the request for sleep study. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography 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. In this case, the request for sleep study was made after the patient complained of insomnia on April 22, 2014. However, no other progress note mentioned this problem. Although the patient was on Restoril for insomnia, it was not documented whether this had been ineffective. There was no record that the patient had tried behavior intervention. The criteria for polysomnography were not satisfied. Therefore, the request for sleep study is not medically necessary.