

Case Number:	CM14-0106678		
Date Assigned:	07/30/2014	Date of Injury:	02/29/2012
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Orthopedic Surgery 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 42-year-old female who sustained an injury to the right shoulder on 02/29/12. The clinical records provided for review document that the claimant has failed conservative treatment and a right shoulder subacromial decompression and a Mumford procedure has been recommended. The report of the clinical assessment on 06/05/14 described continued complaints of pain in the shoulder with examination showing acromioclavicular joint tenderness and restricted range of motion. There was documentation of a positive O'Brien's and impingement testing. The claimant was referred for a sleep study for preoperative clearance. The medical records do not document any sleep related issues nor is it documented that the claimant is being treated for the diagnosis of insomnia. Documentation of past medical history for the claimant is obesity with no other specific findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a sleep study for pre-operative clearance (for treatment plan including right shoulder subacromial decompression and a Mumford procedure): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain Procedure - Polysomnography.

Decision rationale: The California MTUS and ACOEM Guidelines do not address sleep studies. Based on the Official Disability Guidelines, the request for a sleep study would not be indicated. According to the Official Disability Guidelines, sleep studies are only recommended after six months of insomnia related complaints that have been unresponsive to behavioral intervention and medication. Records in this case fail to demonstrate any degree of sleep related diagnosis or treatment. The request for a sleep study prior to claimant's proposed right shoulder surgical arthroscopy would not be indicated.