

Case Number:	CM14-0012586		
Date Assigned:	02/21/2014	Date of Injury:	01/21/2002
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 Family Practice and is licensed to practice in California, Tennessee and Virginia. 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 54-year-old male whose date of injury is 01/21/2002. He is status post right total knee arthroplasty performed on 03/26/10. Follow up psychiatric consultation dated 01/07/14 indicates the injured worker complains of anxiety, depression is reduced. Insomnia is reduced. Diagnosis is depressive disorder not otherwise specified. Follow up note dated 02/05/14 indicates the injured presented with lumbar pain and lower extremity pain. He continues with antalgic gait, decreased range of motion at the knee and tenderness to palpation of the lumbar spine. Assessment notes other chronic pain; meralgia paresthetica; disc displacement; lumbago; and thoracic/lumbosacral neuritis/radiculitis. Medications are listed as Senokot, Lidoderm patch, Morphine Sulfate Instant Release (MSIR), Kadian, Voltaren Gel and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP/BIPAP TITRATION STUDY: Upheld

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

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: Based on the clinical information provided and the Official Disability Guidelines (ODG), the request for continuous positive airway pressure or bi-level positive airway pressure (CPAP/BIPAP) titration study is not recommended as medically necessary. The submitted records indicate a sleep study has been authorized for the injured worker, and a previous request for CPAP/BIPAP titration study was non-certified pending the results of the sleep study. The submitted records fail to establish that the injured worker has completed the sleep study, and if so, the results of this study are unknown. Therefore, the request is premature pending results of the previously authorized sleep study.