

Case Number:	CM14-0013001		
Date Assigned:	02/24/2014	Date of Injury:	02/26/2013
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
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 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 the injured worker is a 52-year-old male who sustained an injury on February 26, 2013. This report indicated an inability to return to work. A sleep study was suggested in July 2013. An MRI of the left knee was obtained in June 2013. No acute pathologies were identified. Multiple degenerative changes are reported. An MRI of the elbow was obtained in August 2013. The left wrist was studied in August as well. Again, degenerative changes were noted. Urine drug screening was also completed. A total knee arthroplasty was suggested in September 2013 and this was stated to be unrelated to the compensable event. A psychiatric evaluation noted a sleep disorder due to orthopedic condition; however, specific information was not presented. Subsequent to a comprehensive medical evaluation completed in September, there were complaints of chest pain and an internal medicine consultation was sought. A course of physical therapy was outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL 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 (ODG), 2013, 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; updated June, 2014

Decision rationale: The criterion for a sleep study is not addressed in the MTUS. However, as noted in the chronic pain chapter, there are specific elements that are to be met. The progress notes have not addressed the specific complaints or need for such a study. There are sporadic complaints of sleep dysfunction but no narrative is presented to objectify those complaints. Therefore, based on the parameters outlined in the Official Disability Guidelines (ODG), this testing is not clinically indicated.