

Case Number:	CM14-0015725		
Date Assigned:	06/16/2014	Date of Injury:	02/28/2009
Decision Date:	08/06/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/07/2014

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 injured worker is a male with date of injury 2/28/2009. Per agreed medical evaluation orthopaedic supplemental report dated 11/4/2013, the injured worker is diagnosed with 1) status post left shoulder arthroscopy with subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy, chondroplasty and debridement, distal clavicle resection (Mumford procedure), debridement of labrum and labral fraying, debridement of partial rotator cuff tear and insertion of pain pump, 7/22/2011; 2) status post right shoulder arthroscopy with Mumford procedure and subacromial decompression, 9/18/2009; 3) status post left knee arthroscopy for partial medial meniscectomy sometime in mid-1980s; 4) cervical spine pain with modest degenerative disc disease, no electrodiagnostic evidence of radiculopathy, per EMG and NCS, 4/20/2010; 5) regional low back pain with discogenic changes at L5-S1; 6) history of greater trochanteric bursitis, right hip, with mild bilateral osteoarthritis of the hips, per MRI dated 4/20/2010, no evidence of femoral-acetabular joint narrowing, clinically asymptomatic; 7) arthritis of the bilateral knees, with medial joint line narrowing, left greater than right, 1 mm versus 3 mm, medial compartments, no acute evidence of meniscal tears, per diagnostic ultrasound dated 4/20/2010; 8) no evidence of bilateral carpal or cubital tunnel syndrome, per ultrasonography studies or EMG and NCS dated 4/20/2010; 9) new onset left elbow pain, 5/8/2011; 10) non-orthopedic filing for headaches, cardiovascular, eye problems, hearing problems, gastroesophageal reflux disease, deferred to the appropriate specialists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: 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), 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 section.

Decision rationale: The MTUS Guidelines do not address the use of polysomnogram. Per the ODG, the criteria for polysomnography include 1) excessive daytime somnolence 2) cataplexy 3) morning headache 4) intellectual deterioration 5) personality change 6) insomnia compliant for at least six month (at least four nights of the week), and unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. There are no clinical reports from the requesting physician provided for review. The clinical reports that are provided for review do not address any of the criteria listed above. The request for polysomnogram is determined to not be medically necessary.