

Case Number:	CM14-0118338		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2013
Decision Date:	09/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal Medicine Pulmonary Diseases, 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 51-year-old female who reported an injury on 02/22/2013 due to repetitive use of a shear that was used to cut the tips of oranges. She felt an onset of pain and swelling to the right hand and wrist. The injured worker had a diagnosis of right carpal tunnel syndrome, right shoulder rotator cuff tear, plus post-traumatic arthrosis of the acromioclavicular joint, right elbow lateral epicondylitis, and right wrist, right ulnar collateral ligament sprain/strain. The past treatments included physical therapy time's 1 year and chiropractic therapy. The diagnostic studies included a nerve conduction study that revealed normal findings. The MRI dated 04/12/2013 of the cervical spine revealed a central focal disc protrusion at the C3-4, disc protrusion at the C4-5, and a disc protrusion at the C5-6. The MRI of the right shoulder revealed a full thickness tear of the supraspinatus tendon and interstitial partial thickness tear to the distal subscapularis tendon and distal infraspinatus tendinosis. The MRI of the right elbow revealed bone marrow edema within the lateral epicondyle of the humerus, and a tear of the radiolateral ligament. The MRI of the right wrist revealed a partial thickness tear to the interior ulnar attachment of the right triangulofibrocartilage. The past surgeries included a status post right open carpal tunnel release and a right shoulder arthroscopic decompression. The medications included Norco 10/325 mg, Prilosec 20 mg, Xanax 1 mg, and topical creams that included ketoprofen, gabapentin, and tramadol. The rep 4/10 using the VAS. The objective findings dated 06/17/2014 revealed a well-healed wound to the right wrist with a negative Tinel's and Phalen's sign, tenderness noted over the extensor carpi ulnaris tendon. The motor and sensory examination of the right upper extremity with normal findings. The treatment plan included a recommendation of an Exos brace, occupational therapy, anti-inflammatory modalities, and range of motion exercises that included stretching and a home exercise program

along with an MRI of the right wrist. The Request for Authorization dated 08/06/2014 was submitted with the documentation. The rationale for the sleep study evaluation was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Evaluation # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Pain (Chronic) sleep study.

Decision rationale: Polysomnography are 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Per the clinical notes dated 12/17/13 indicate that the injured worker had been taking Xanax 1 mg for sleep. The 06/17/14 indicate that sleeping aide was past medical history and the urine drug screen was positive for Alpha-Hydroxyalprazolam . However the documentation was not evident that the Xanax was no longer effective in aiding in sleep. The VAS indicates that the pain level was a 4/10 and the examination of the right wrist indicated normal motor and sensory findings, with tenderness over the extensor carpi ulnaris. No other tenderness noted. Therefore, the request for sleep study evaluation is not medically necessary and appropriate.