

<b>Case Number:</b>	CM14-0155010		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Texas. 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 26 year old man involved in a work related accident from 4/27/11. On this date, he sustained a slip and fall injury. The injured worker had multiple musculoskeletal complaints including low back pain, left shoulder pain and bilateral wrist pain. There are notes from the treating physician indicating the injured worker has a shoulder injury and brachial plexus injury. Surgery was advised and the notes indicate that the injured worker was treated with a steroid injection. Physical therapy after surgery was not approved. Electrodiagnostic studies showed a left axillary neuropathy and bilateral carpal tunnel syndrome. The recommendation for a neurosurgery evaluation to treat the axillary nerve was made. Notes from the treating physician from 6/14 noted pain, weakness and numbness in the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Pain Chapter Polysomnography (Sleep Study)

**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), Polysomnography

**Decision rationale:** There is no indication for a sleep study. Such a test is done to assess typically for obstructive sleep apnea in workers who manifest sleep abnormalities and unusual behaviors when observed during sleeping. There is an observation that the worker has "difficulty sleeping" and later a sleep study is recommended due to insomnia. A sleep study is not intended due to insomnia. The worker has multiple reasons why he could have sleep problems including his chronic pain, positioning (he has left upper extremity pathology throughout this case). There is no data provided to suggest that there is any apnea or any condition that would require analysis or review via a polysomnogram. Given the available data, the request is non certified.