MAXIMUS Federal Services

Case Number:	CM14-0020825		
Date Assigned:	04/30/2014	Date of Injury:	02/28/2013
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 patient is an employee of [redacted] and has submitted a claim for obstructive sleep apnea, insomnia secondary to pain, and right shoulder bursitis associated with an industrial injury date of 02/28/2013. Treatment to date has included physical therapy, and medications such as Ibuprofen, and Cyclobenzaprine. Medical records from 2013 to 2014 were reviewed showing that patient complained of right shoulder pain, rated 7/10 in severity. She likewise reported of difficulty sleeping since 2012 leading to easy fatigability. Physical examination showed tenderness over the right supraspinatus tendon and right shoulder joint. Range of motion of the right shoulder was limited on all planes. Right shoulder abductor was graded 4/5 in motor testing. Hawkins impingement, as well as Neer's impingement, was positive. Patient consulted an Internal Medicine specialist for insomnia evaluation on January 20, 2014. Patient reported of sleeping approximately 4 to 5 hours every night and had problems staying asleep. Assessment was insomnia secondary to chronic pain. The plan was to prescribe her with anti-insomnia medication, however, she declined. No further plans were noted. Utilization review from January 23, 2014 denied the request for Sleep Medicine consult due to lack of discussion of patient's insomnia in terms of sleep onset, duration of reported symptoms, and next day functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP MEDICINE CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , CHAPTER 7, PAGE 127.

Decision rationale: ACOEM guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. In this case, the patient has been complaining of sleeping difficulties since 2012; and was prescribed with Cyclobenzaprine since October 2013 as treatment for both pain and insomnia. Patient consulted an Internal Medicine specialist for insomnia evaluation on January 20, 2014. The plan was to prescribe her with anti-insomnia medication, however, she declined. It is unclear why a referral to Sleep Medicine should be certified when the patient does not adhere to the recommended treatment. The medical necessity for a referral to another specialist has not been established. Therefore, the request for a Sleep Medicine Consultation is not medically necessary and appropriate.