

Case Number:	CM14-0024424		
Date Assigned:	06/11/2014	Date of Injury:	09/20/2011
Decision Date:	07/28/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation 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 59-year-old male with a reported injury on 09/20/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/22/2013 reported that the injured worker complained of neck, bilateral shoulders, bilateral wrists, bilateral hands, and right elbow pain. The physical assessment of the hands and wrists revealed well healed carpal tunnel and Guyon's release scars measuring 4 cm bilaterally. It was reported that the injured worker had positive Tinel's and Phalen's test over the carpal tunnel region, 2 to 3+ tenderness over the palmar aspect of the bilateral wrists, right greater than left. A cervical spine MRI dated 10/31/2013 reported a 2.7 mm disc bulge encroaching on the right C4 exiting nerve root at C3-4 and also a 3.6 mm disc bulge at C4-5 with moderate right neural foraminal narrowing. An MRI of the right shoulder dated 10/31/2013 reported a partial thickness tear at the supraspinatus tendon, marked AC joint arthrosis. An MRI of the left shoulder dated 10/31/2013 reported a partial thickness tear at the supraspinatus tendon with marked acromioclavicular arthrosis. The injured worker's diagnoses included bilateral carpal tunnel release, bilateral Guyon's release, bilateral ulnar transposition, cervical disc bulge, cervical radiculopathy, and bilateral rotator cuff tears. The injured worker's prescribed medication regimen was not provided within the clinical notes. The provider is requesting sleep disordered breathing testing. The rationale was not provided within the clinical notes. The request for authorization date was not provided within the clinical notes. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP DISORDERED BREATHING RESP TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Polysomnography.

Decision rationale: The request for a sleep disordered breathing testing is not medically necessary. The injured worker complained of neck, bilateral shoulders, bilateral wrists and hands pain. The rationale for the sleep disorder testing was not provided within the clinical notes. The Official Disability Guidelines recommend Polysomnography 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. The Guidelines do not recommend Polysomnography for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. There is a lack of clinical documentation indicating that the injured worker has sleep disturbance or complaints of insomnia. The injured worker's prescribed medication list was not provided within the clinical notes; therefore, it is unable to be determined if the utilization of sleep promoting medications were effective on the injured worker's sleep disturbance. Given the information provided, there is insufficient evidence to determine the appropriateness of a sleep disorder testing to warrant medical necessity; as such, the request is not medically necessary.