

Case Number:	CM14-0039501		
Date Assigned:	06/27/2014	Date of Injury:	12/15/2012
Decision Date:	08/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old female was reportedly injured on 12/15/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 5/27/2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated extremities with no evidence of cyanosis or edema. Peripheral pulses are intact. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications and conservative treatment. A request was made for a continuous positive airway pressure (CPAP) device and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Titration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg. 127.

Decision rationale: MTUS ACOEM Guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment or work capacity requires clarification. After review of medical records provided it is noted the injured worker has complaints of insomnia and there is mention of a sleep study. However, no results or documentation of a sleep study are available for review. Therefore, this request is deemed not medically necessary at this time.