

Case Number:	CM14-0047398		
Date Assigned:	07/02/2014	Date of Injury:	05/05/2010
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 and is licensed to practice in Pennsylvania. 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 57-year-old gentleman with a date of injury of 05/05/2010. The submitted and reviewed documentation did not identify the mechanism of injury. An office visit note by [REDACTED] dated 12/03/2013 and an office visit note by [REDACTED] dated 01/23/2014 described the worker was experiencing knee and abdominal pain. Documented examinations showed knee swelling and mild mid-upper abdominal tenderness. The submitted documentation concluded the worker was suffering from carpal tunnel syndrome, a meniscal tear and sprain/strain in the left knee, insomnia, adjustment disorder, gastritis with anti-inflammatory medications, high blood pressure, and constipation due to opioid medications. The treatment included physical therapy, chiropractic care, left knee surgery, and medications. The submitted documentation did not include an assessment of the worker's difficulty sleeping. A Utilization Review decision by [REDACTED] was rendered on 03/28/2014 recommending non-certification for a sleep study.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 7.0. UpToDate, accessed 07/29/2014.

Decision rationale: The California MTUS Guidelines are silent on this issue. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. This test is recommended for those with excessive daytime sleepiness when there is a concern for sleep-related breathing problems, limb movement disorders during sleep, sleep-related neurologic problems, or someone has problems with sleep that are not clear after a thorough history and examination are performed. The submitted documentation did not report the worker was experiencing an ongoing issue with daytime sleepiness or problems sleeping and did not record any assessment. The documented examinations did not address these issues. There was no discussion of any concerns that would suggest this test was needed. In the absence of such evidence, the current request for a sleep study is not medically necessary.