

Case Number:	CM14-0049722		
Date Assigned:	07/07/2014	Date of Injury:	01/20/2014
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

According to the records made available for review, this is a 41-year-old male with a 1/20/14 date of injury. At the time (3/20/14) of request for authorization for consultation and treatment with a sleep medicine specialist, there is documentation of subjective (neck pain, bilateral shoulder pain, left elbow pain, low back pain, bilateral knee pain, right heel pain, right-sided face/orbital pain, right-sided chest/rib cage pain, headaches associated with dizziness; blurred vision, depression/stress, and insomnia) and objective (swelling over the ocular/orbit associated with tenderness to palpation; tenderness to palpation over the cervical paraspinal musculature and upper trapezius, positive Spurling's maneuver, decreased cervical range of motion; tenderness to palpation over the shoulders with crepitus upon range of motion, positive impingement tests of the shoulders with decreased range of motion; tenderness to palpation over the lumbar spine with pain on range motion; tenderness to palpation over the medial and lateral joint lines of the knees with crepitus upon range of motion, positive McMurray's test and patellofemoral/grind test of the knees; and 4 out of 5 weakness of the bilateral shoulders) findings, current diagnoses (cervical/trapezial musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, bilateral shoulder myofascial strain with impingement, status post bilateral knee contusion/sprain with patellofemoral arthralgia, status post right ocular/orbital fracture, post-traumatic headaches, right eye blurred vision, and emotional complaints of depression and stress associated with insomnia secondary to chronic pain and disability), and treatment to date (medications). In addition, medical report identifies a request for evaluation and treatment with sleep medicine specialist with regard to the patient's complaint of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with a sleep medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, etc., not including stress & mental disorders), Sleep Aids.

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) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical/trapezial musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, bilateral shoulder myofascial strain with impingement, status post bilateral knee contusion/sprain with patellofemoral arthralgia, status post right ocular/orbital fracture, post-traumatic headaches, right eye blurred vision, and emotional complaints of depression and stress associated with insomnia secondary to chronic pain and disability. In addition, given documentation of a rationale identifying for evaluation and treatment with sleep medicine specialist with regard to the patient's complaint of insomnia, there is documentation that consultation is indicated to aid in the diagnosis and therapeutic management of the patient. However, given that the consultation with a sleep medicine specialist is pending, there is no documentation of a specific treatment plan. Therefore, based on guidelines and a review of the evidence, the request for consultation and treatment with a sleep medicine is not medically necessary and appropriate.