

Case Number:	CM14-0062682		
Date Assigned:	07/11/2014	Date of Injury:	12/21/2007
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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, has a subspecialty in Pain 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:

Patient is a 71-year-old male with a 12/21/07 date of injury. 01/30/14 progress report states that the patient has continued self-treatment and has not returned to work since 08/09/12. He has had continued problems with cervical spine with radiating pain, numbness and tingling in the upper extremities as well as in both shoulders. Objectively, there is tenderness to palpation in the upper, mid, and lower paravertebral muscles and trapezius musculature. The range of motion is flexion to 40 degrees with 40 degrees right lateral bending, 40 degrees left lateral bending, 55 degrees right lateral rotation, 50 degrees left lateral rotation and 30 degrees of extension. Negative Spurling's, Adson's and Wright's. Increased pain with extension. Tenderness to palpation in the upper paravertebral muscles of the thoracic spine, mild limitation of range of motion. Pericapsular and trapezius tenderness over the right shoulder girdle with no winging. No tenderness with negative Tinel's over the brachial plexus and thoracic outlet. Left shoulder girdle reveals mildly tender arthroscopic incisions without swelling or infection. Rotator cuff/deltoid weakness, limited range of motion. Tenderness over the anterior rotator cuff of right shoulder with mild AC joint and bicipital tenderness. Positive impingement sign. No shoulder instability. No paresthesias with shoulder motion. Rotator cuff strength 4/5. Normal left shoulder examination. There is patchy decreased sensation in the bilateral upper extremities, most notably in C6, C7 distribution. Diagnoses: Status post left shoulder arthroscopy with subacromial decompression. Recurrent left rotator cuff tendinitis and impingement syndrome with partial rotator cuff tear. Right rotator cuff tendinitis and impingement syndrome with partial thickness tear. Cervical radicular syndrome. DJD/DDD cervical spine, degenerative retrolisthesis C5-6-7 with protrusion at C5-6-7. Patient is indicating he is having problems with sexual dysfunction as well as sleep disorders. Request is for Evaluation of Sleep Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation Sleep Disorder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The documentation provided contains no discussion of patient's sleep issues, there is no detailed information regarding the symptoms and their severity as mentioned in the guidelines. The records do not described attempted modalities, behavioral interventions, or sleep hygiene. The criteria are not met; therefore the request is not medically necessary.