

Case Number:	CM14-0068029		
Date Assigned:	07/11/2014	Date of Injury:	02/15/2012
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/12/2014

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; has a subspecialty in Health Policy and Management 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 47-year-old gentleman with a date of injury of 02/15/2014. A Qualified Medical Examiner (QME) report by [REDACTED] dated 11/25/2013 identified the mechanism of injury as repetitive motion and use of both arms between 02/14/2011 and 02/14/2014, resulting in injury to the arm joints. This QME report and visit notes by [REDACTED] dated 02/03/2014 and 03/28/2014 indicated the worker was experiencing pain both shoulders, elbows, and wrists; numbness involving both shoulders, wrists, and hands; and stiffness in both shoulders, elbows, and wrists. The QME report also indicated the worker was experiencing lower back pain that went into the left buttock. Documented examinations by [REDACTED] reported no abnormalities in the shoulders, elbows, or wrists. The documented examination in the QME report described decreased motion in both wrists and shoulders, a positive Phalen's test in both hands, a positive Tinel's sign in both wrists, decreased sensation at the inner side of both palms and the entire finger #5 on both hands, and mildly decreased grip strength in the right hand compared with the left. The submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome on both sides. [REDACTED] visit notes dated 02/03/2014 and 03/28/2014 also indicated impingement syndrome and myoligamentous injury involving both shoulders; sprain/strain involving both shoulders, elbows, and wrists; and lateral epicondylitis of both elbows. Urinary drug screen testing reports dated 11/15/2013, 12/24/2013, and 02/03/2014 appeared to have results that were consistent with the medications prescribed at those times. Treatments included surgery to the left wrist and oral and topical medications. A Utilization Review decision by [REDACTED] was rendered on 04/11/2014 recommending non-certification for diagnostic testing to screen and rule out RPA, SDB, OSA, and CSR; spirometry, pulmonary function, and stress testing; sleep disorder

breathing respiratory study with pulse oximetry and nasal function; and urinary drug screen testing to rule out medication toxicity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Testing to Screen and r/o RPA, SDB, OSA and CSR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Strohl KP, et al. Sleep related breathing disorders in adults: Definitions. Topic 7693, version 71.0. UpToDate, accessed 08/10/2014. Strohl KP, et al. Overview of obstructive sleep apnea in adults. Topic 7683, version 20.0. UpToDate, accessed 08/10/2014. Johnson DC, et al. Disorders of ventilatory control. Topic 5113, version 20.0. UpToDate, accessed 08/10/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Sleep-related breathing disorders include conditions that cause abnormal breathing during sleep, such as stopping breathing, a decreased breathing rate, or decreased oxygen in the blood. These conditions tend to cause altered sleep, which results in daytime symptoms, signs, and/or different body systems do not work properly. A visit note by [REDACTED] dated 03/28/2014 reported the worker had a test examining part of the neurologic system that was not normal. However, no details were provided, and the study report was not submitted. The reviewed documentation did not describe any symptoms or findings suggesting the worker had a problem with sleep, breathing, or any related body system. In the absence of such evidence, the current request for diagnostic testing to screen and rule out RPA, SDB, OSA, and CSR is not medically necessary.

Spirometry and Pulmonary Function and Stress Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary.

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: McCormack MC, et al. Overview of pulmonary function testing in adults. Topic 6969, version 15.0. UpToDate, accessed 08/10/2014. Yanowitz FG, et al. Stress testing to determine prognosis and management of patients with known or suspected coronary heart disease. Topic 1497, version 9.0. UpToDate, accessed 08/10/2014.

Decision rationale: The MTUS Guidelines are silent on this issue. Spirometry and complete pulmonary function tests measure various aspects of breathing, such as the size of breaths, how much oxygen goes into the blood, how fast air can be pushed out of the lungs, and many other factors. These measurements can then be used to properly diagnose and/or monitor certain lung

and breathing problems. The literature supports the use of stress testing when a person is experiencing new or changing chest pain or other symptoms that are related to a problem with the heart's blood flow if the person has an intermediate or high risk for a condition causing blocked heart arteries. The submitted and reviewed documentation did not report any symptoms, examination findings, or laboratory or study findings suggesting that the worker had a problem with his lungs, his breathing, or his heart. In the absence of such evidence, the current request for spirometry, pulmonary function, and stress testing is not medically necessary.

Sleep Disorder Breathing Respiratory Study w/Pulse Oximetry & Nasal Function: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patients with excessive daytime sleepiness. Topic 14892, version 7.0. UpToDate, accessed 08/10/2014.

Decision rationale: The 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 and reviewed documentation did not report the worker was experiencing an ongoing issue with daytime sleepiness or problems sleeping, and there was no documentation of any concerning examination, laboratory, or study findings. In the absence of such evidence, the current request for sleep disorder breathing respiratory study with pulse oximetry and nasal function is not medically necessary.

Urine Drug Screen to r/o meds Toxicity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 76-80; Opioids, Steps to Avoid Misuse/Addiction, page(s) 94-95 Page(s): 76-80; 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screen testing as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation did not indicate the worker had an issue with abuse or addiction, and the limited pain assessments did not document poor pain control. The urinary drug screen testing reports

dated 11/15/2013, 12/24/2013, and 02/03/2014 appeared to have results that were consistent with the medications prescribed at those times. In the absence of such evidence, the current request for urinary drug screen testing to rule out medication toxicity is not medically necessary.