

<b>Case Number:</b>	CM14-0076175		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 52-year-old male who reported an injury on 04/09/2012. The mechanism of injury was a slip and fall. The diagnoses included status post left tibial fracture, status post open reduction internal fixation, and left knee arthroscopy. Previous treatments included surgery, medication, and EMG. Within the clinical note dated 02/19/2014, it was reported the injured worker complained of pain in the left knee. He described the pain as aching pain in his back, left lower extremity. He rated his pain 7/10 in severity. Upon the physical examination, the provider noted the left knee had tenderness on the lateral joint line, as well as medial joint line. The provider indicated the injured worker had 4/5 strength in flexion and extension. The request submitted is for sleep study. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### 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.

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

**Decision rationale:** The Official Disability Guidelines recommend a sleep study after at least 6 months of insomnia complaints at least 4 nights a week, unresponsive to behavioral interventions and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. The guidelines note sleep studies are recommended for excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); Morning headaches (other causes have been ruled out); Intellectual deterioration (sudden, without suspicion of organic dementia); Insomnia complaints for at least 6 months. There is lack of documentation indicating the injured worker was treated for and diagnosed with insomnia for at least 6 months. There is lack of subjective findings indicating the injured worker complained of the inability to sleep for at least 4 nights a week. There is lack of documentation indicating the injured worker was unresponsive to behavioral interventions and sedative/sleep promoting medications and psychiatric etiology. Therefore, the request is not medically necessary and appropriate.