

Case Number:	CM14-0079912		
Date Assigned:	07/18/2014	Date of Injury:	10/30/2012
Decision Date:	10/07/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in 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 31 year old male who sustained 53% BSA burns on 10/30/12 when the propane with which he was working ignited. He was treated at a local hospital. He is now back in the community to continue rehabilitation. There has been a request for two night of home sleep studies (unattended) based on the history of smoking and difficulty of deep breathing secondary to chest wall burn scarring. There are no other objective findings and no pulmonary function tests or simple oxygen saturation on room air noted. The claimant is noted to be a smoker and continues to smoke. There have been office evaluations of 3/27/14 and 4/21/14 by the treating physician who proposed a diagnosis of Obstructive Sleep Apnea secondary to constrictive scarring of the chest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram Unattended home Sleep Study, Stage 2 nights for 8 hours: 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): 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 (Other Medical Treatment Guideline or Medical Evidence: American

Academy of Sleep Medicine Practice parameters: Practice parameters for the indication for PolySomnoGraphy (PSG)

Decision rationale: The request is premature at best. The claimant is noted to have snoring. There is scarring on both pasterior and posterior thoracic regions with problems expressed when asked to breathe deeply suggestive of Restrictive Pulmonary Dysfunction and not an obstructive sleep apnea. The claimant reported problems initiating sleep despite behavior intervention and medications. There is no mention of apnea at night witnessed by his wife. There is no mention of daytime somnolence and is premature to presume Sleep Apnea. Although snoring and excessive sleepiness in Sleep Related Breathing Disorders are common, not all snorers or sleepy adults have a sleep disorder. Furthermore the claimant continues to smoke cigarettes and there have not been any pulmonary function tests. The claimant is noted to have anterior and posterior thoracic scarring from burns that a restrictive picture is apparently operant and not one of obstruction. Therefore the requested Polysomnography is not in keeping with practice parameters as discussed by AASM update in 2005. Therefore the request remains not medically necessary.