MAXIMUS Federal Services

Case Number:	CM14-0209522		
Date Assigned:	12/22/2014	Date of Injury:	10/02/2010
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Hospice Palliative Medicine 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 63-year-old woman with a date of injury of 10/02/2010. A treating physician note dated 07/21/2014 identified the mechanism of injury as a fall resulting in diffuse pain and a broken leg. Treating physician notes dated 10/07/2014 and 11/05/2014 indicated the worker was experiencing leg pain, leg swelling, and pain in both shoulders with overhead activities. Documented examinations consistently described swelling in both legs with open wounds, tenderness in both shoulders, moderate tenderness in the upper back with spasm, decreased motion in both shoulder joints, and positive shoulder impingement signs. The submitted and reviewed documentation concluded the worker was suffering from impingement syndrome involving both shoulders, lumbar spine strain/sprain, lymphedema in both legs with open wounds, hypertension, obesity, obstructive sleep apnea, and leg cellulitis. Treatment recommendations included medications, a repeated sleep study, restart CPAP therapy, weight loss, physical therapy, wound care, trigger point injection, and follow up care. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for a polysomnogram and follow up care. A treating physician note dated 11/26/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Common Sleep Disorders. Am Fam Physician. 2013 Aug 15;88(4):231-238; Patil SP, Schneider H, Schwartz AR, Smith PL. Adult obstructive sleep apnea: pathophysiology and diagnosis. Chest. Jul 2007;132(1):325-37

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 the patient with excessive daytime sleepiness. Topic 14892, version 9.0. UpToDate, accessed 12/30/2014.

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 documentation concluded the worker had known obstructive sleep apnea, among other issues, and had stopped using CPAP therapy. There was no discussion suggesting a new issue was occurring that required a repeat polysomnogram or sufficiently supporting this request. In the absence of such evidence, the current request for a polysomnogram is not medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Common Sleep Disorders. Am Fam Physician. 2013 Aug 15;88(4):231-238; Patil SP, Schneider H, Schwartz AR, Smith PL. Adult obstructive sleep apnea: pathophysiology and diagnosis. Chest. Jul 2007;132(1):325-37

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing leg pain, leg swelling, and pain in both shoulders with overhead activities. These issues were interfering with the worker's function. For these reasons, the current request for follow up care is medically necessary.