MAXIMUS Federal Services

| Case Number: | CM15-0004059 | | |
|---|---|---|---|
| Date Assigned: | 01/15/2015 | Date of Injury: | 05/22/2014 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 37-year-old male who reported an injury on 05/22/2014, due to an unspecified mechanism of injury. On 12/03/2014, he presented for a followup evaluation. He reported no upper or mid back pain, and stated that he had complaints of occasional mild left elbow pain. A physical examination of the left elbow showed flexion at 134 degrees, extension at 0 degrees, pronation at 76 degrees and supination at 76 degrees. There was tenderness to palpation at the biceps, cubital fossa, lateral elbow, lateral epicondyle, medial epicondyle, posterior elbow and triceps. Valgus and varus, and Tinel's caused pain. He was diagnosed with thoracic sprain and strain, and left lateral elbow epicondylitis. The treatment plan was for a sleep study initial consultation. The rationale for treatment was not provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study - Initial Consultation:** 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, Polysomnography

**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 indicate that sleep studies should only be undertaken after at least of 6 months of insomnia complaints for insomnia that is unresponsive to behavior intervention, medications and psychiatric etiology has been excluded. Based on the clinical documentation submitted for review, the injured worker was not noted to have complaints of insomnia for at least 6 months to support the request for an initial consultation for a sleep study. Also, a clear rationale was not provided for the request. Therefore, the request is not supported. As such, the request is not medically necessary.