

Case Number:	CM15-0005976		
Date Assigned:	01/26/2015	Date of Injury:	10/24/2014
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old male who sustained an industrial injury on 10/24/14. The injured worker reported symptoms in the shoulder. The diagnoses included sprain/strain shoulder/arm unspecified. Treatments to date were not documented. PR2 dated 11/20/14 noted the injured worker presents with "right shoulder pain...tenderness to palpation over rotocuff (5/10) and point tenderness at bicipital groove (7/10)." The treating physician is requesting Pulmonary/Respiratory Diagnostic testing, Sleep evaluation and SDBR study. On 12/16/14, Utilization Review non-certified a request for Pulmonary/Respiratory Diagnostic testing, Sleep evaluation and SDBR study. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulmonary/Respiratory diagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fishman AP, Editor in Chief. Fishman's Pulmonary Diseases and Disorders, 4th Edition. 2008

Decision rationale: MTUS, ACOEM, ODG are silent on this topic of a specific pulmonary evaluation. The patient is a 38 year old male with a right shoulder injury on 10/24/2014. He has right shoulder pain and decreased range of motion. Strength is 3/5. He is 5'9" tall and weighs 220 pounds. There is no documentation of any pulmonary disorder. There is no productive cough, wheezing, shortness of breath not explained by being overweight. There is no indication for pulmonary function testing at this time.

Sleep evaluation: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition. 2011.

Decision rationale: MTUS, ACOEM and ODG are silent on this topic. The patient is a 38 year old male with a right shoulder injury on 10/24/2014. He has right shoulder pain and decreased range of motion. Strength is 3/5. He is 5'9" tall and weighs 220 pounds. The patient is overweight and should lose weight. There is no documentation of a sleep medicine history and physical exam. An Epworth Sleepiness score is not documented. A Mallampati score is not documented. Sleep onset insomnia from pain is not an indication for a polysomnogram. Daytime hypersomnia, witnessed apnea, awakening gasping, sleep paralysis, hypnagogic hallucinations are not documented. There is insufficient documentation to substantiate the medical necessity of a sleep evaluation at this time.

SDBR study: 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 Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: MTUS, ACOEM and ODG are silent on this topic. The patient is a 38 year old male with a right shoulder injury on 10/24/2014. He has right shoulder pain and decreased range of motion. Strength is 3/5. He is 5'9" tall and weighs 220 pounds. There is no documentation that the requested additional testing is medically necessary. This type of evaluation is not mentioned in ACOEM, Chapter 9 Shoulder Complaints pages 195 - 220 and is not medically necessary for this patient.