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| Case Number: | CM15-0007475 | | |
| Date Assigned: | 01/22/2015 | Date of Injury: | 08/20/2012 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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, New York, Florida

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

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 55-year-old male with a reported injury on 08/20/2012. The injury reportedly occurred while he was walking up stairs. His diagnoses were noted to include acid reflux, constipation, hypertension, hyperlipidemia, and sleep disturbance. His prior therapies have included medication, activity modification, unspecified sleep hygiene, dietary adjustments, and treatment by varying specialty providers. His surgical history was noted to include an arthroscopic medial and lateral meniscectomy, tricompartment chondroplasty, tricompartment synovectomy, and left knee injection on 04/19/2013. The injured worker was evaluated on 11/05/2014 for worsening liver function and controlled hypertension. The injured worker reportedly was taking Benicar daily for blood pressure and reported constipation and diarrhea. He reported feeling depressed due to disability and lack of income. He complained of snoring and shortness of breath at night. Physical examination revealed the injured worker to be alert and oriented. He ambulated with a cane. Vital signs were a blood pressure of 132/72 with a heart rate of 82. The lungs were clear to auscultation. The heart was in regular rate and rhythm with normal S1 and S2. There were no rubs or gallops appreciated. The injured worker had 1+ epigastric tenderness. The injured worker had discoloration of the bilateral feet with cold extremities. The clinician also indicated cephalgia, urinary frequency, orthopedic diagnoses, and psychiatric diagnoses. The treatment plan included prescriptions for Dexilant and Benicar. The injured worker was also noted to be receiving medications from his psychiatrist: sertraline, BuSpar, Adderall, and Ambien. The clinician requested a cardiology consult, dermatology consult, ophthalmology consult, urology consult, and sleep study referral. The injured worker

was advised to follow a low fat, low acid, low cholesterol, high fiber diet, but was documented to be on a liquid diet supervised by his private medical doctor. The injured worker was also advised to continue to adhere to a course of hygiene and to follow with his primary treating physician. The injured worker was planning a colonoscopy/endoscopy. On 07/21/2014, the injured worker's Epworth Sleepiness Scale was measured at 6. A 2D echocardiogram was performed on 07/21/2014 which reported (1) normal left ventricular chamber size, systolic function, and wall motion; (2) left ventricular ejection fraction estimated to be greater than or equal to 55%; (3) left ventricular wall thickness is at the upper limits of normal; (4) small anterior free space may represent pericardial effusion or a fat pad; (5) all other cardiac chamber sizes were within normal limits; (6) thickened aortic valve with normal trileaflet separation; (7) mitral valve trileaflets are thin and pliable with normal opening; (8) normal pulmonic and tricuspid valve structure; (9) normal ascending aorta measuring 3.0 cm; (10) few premature ventricular complexes were recorded during this study; and (11) a color flow and spectral Doppler study was performed and revealed (a) trace tricuspid regurgitation with normal RV systolic pressure; (b) trace mitral regurgitation; and (c) the peak E velocity is 0.55 m/s; peak A wave is 0.82 m/s; MV deceleration time is 184 msec; 84 BPM; consistent with left ventricular relaxation abnormality. An electrocardiogram on 07/21/2014 reported sinus tachycardia, ventricular premature complexes, left atrial abnormality, indeterminate access, QRS (T) contour abnormality, consistent with inferior infarct, probably old. Spirometry testing on 07/21/2014 did not provide an impression. A lipid panel on 07/21/2014 indicated a total cholesterol of 269, HDL 34, triglycerides 447, and LDL was not calculated due to a triglyceride level of greater than 400 mg/deciliter.

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 American Academy of Sleep Medicine (AASM), Sleep Studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, Polysomnography.

Decision rationale: The request for sleep study is not medically necessary. The injured worker complained of snoring and shortness of breath at night. The Official Disability Guidelines recommend polysomnography for excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep related breathing disorder or periodic limb movement disorder is suspected, insomnia complaint for at least 6 months, unresponsiveness to behavior intervention, and sedative sleep providing medications and psychiatric ideology has been excluded (a sleep study for the sole complaint of snoring without 1 of the above mentioned symptoms is not recommended), and unattended home sleep studies for adult patients are appropriate with a home sleep study device with a minimal of 4 recording channels. The injured worker's Epworth Sleep Scale on 07/21/2014 measured at 6, which is not indicative of day time somnolence. The clinician indicated that the injured worker was encouraged to adhere to a

course of sleep hygiene and to followup with his primary treating physician; however, specific sleep hygiene instructions were not provided. Additionally, the injured worker was receiving treatment from a psychiatrist, including sleep medications and Adderall; there was no indication that psychiatric ideology was excluded. There was no documentation of cataplexy, morning headache, intellectual deterioration, personality change, or that, specifically, a sleep related breathing disorder or periodic limb movement disorder was suspected. As such, the requested service is not supported. Therefore, the request for sleep study is not medically necessary.

Urology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for urology consult is not medically necessary. The injured worker reported urinary frequency. The California MTUS/ACOEM Guidelines state that referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. The provided documentation did not indicate a urological diagnosis or how a urologic disturbance would be delaying the injured worker's recovery. As such, the requested service is not supported. Therefore, the request for a urology consult is not medically necessary.

Cardiology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The request for cardiology consult is not medically necessary. The injured worker has diagnoses of hypertension and hyperlipidemia. The California MTUS/ACOEM Guidelines recommend referral when a practitioner is uncomfortable with treating a particular cause of delayed recovery. While this injured worker does have the medical diagnoses of hypertension and hyperlipidemia, he had a cardiology workup in 07/2014 including an echocardiogram and lipid panel. The provided documentation indicated that the injured worker was receiving treatment and taking Benicar daily for blood pressure. Additionally, there was no documentation indicating how his cardiology diagnoses were delaying his recovery or that he did not already have a scheduled followup for cardiology treatment with a cardiologist, internal medicine specialist, or a family medicine practitioner experienced in cardiology care. As such, the requested service is not supported. Therefore, the request for cardiology consult is not medically necessary.

Dermatology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request for dermatology consult is not medically necessary. The injured worker did not have any dermatologic complaints. The California MTUS/ACOEM Guidelines recommend referral when the practitioner is uncomfortable with treating a particular cause of delayed recovery. The provided documentation did not indicate that a dermatological condition was delaying the injured worker's recovery. Additionally, there were no complaints or diagnoses of a dermatologic condition. As such, the requested service is not supported. Therefore, the request for dermatology consult is not medically necessary.