

Case Number:	CM15-0008840		
Date Assigned:	01/26/2015	Date of Injury:	06/24/2009
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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 57-year-old female who reported an injury on 06/24/2009. It was noted that the injured worker reported a right upper extremity injury while working as a transit operator when the power steering snapped and rotated her right hand. The injured worker's right upper extremity became tangled inside of the device. The injured worker was initially diagnosed with a torn meniscus of the right hand and carpal tunnel and trigger finger of the left hand. The injured worker presented with complaints of 8/10 pain with activity limitation. Upon examination, there were positive Tinel's and Phalen's signs and pain with range of motion and flexion, extension, radial, and ulnar deviation. Examination of the left wrist revealed positive carpal tunnel compression test. There was diminished grip strength bilaterally and decreased sensation over the medial and lateral hand on the right. The current medication regimen includes Norco 10/325 mg, ketoprofen 75 mg, Protonix 20 mg, Lexapro 10 mg, and Laxacin tablets. Recommendations included a sleep clinic consultation for a polysomnography to address the current symptoms of insomnia. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with sleep clinic specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2004 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information on agreement to a treatment plan. According to the documentation provided, the physician has ordered a sleep clinic specialist consultation for a polysomnography secondary to insomnia. However, any polysomnogram is not recommended acute insomnia. There are no specific issues with sleep disturbance elaborated in the documents provided. There are no specific issues regarding sleep disorder documented. Given the above, the request is not medically appropriate.