

Case Number:	CM15-0100046		
Date Assigned:	06/02/2015	Date of Injury:	03/07/2000
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 56-year-old female who sustained a work related injury March 7, 2000 described as cumulative trauma. Past history included insulin dependent diabetes, fibromyalgia, hypertension, and sleep apnea on CPAP (continuous positive airway pressure). According to an orthopedic physician's progress report, dated December 29, 2014, the injured worker presented with pain affecting multiple areas in her body including; neck, shoulders, both elbows and wrists, hands, back hips and both knees. She had been advised by her endocrinologist to lose weight and has lost approximately 20 pounds. Physical examination of the cervical spine revealed range of motion to be 75% normal; abduction of the shoulders associated with pain bilaterally; some triggering affecting all the fingers of both hands; lumbar spine range of motion 75% normal; she is able to ambulate but does use a cane. An internal medicine re-evaluation, dated March 31, 2015, revealed evidence of hypertension and upper gastrointestinal disease (not described). He reports another physician requests a sleep study to be performed. At issue, is the request for a sleep study evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study 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) sleep studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, sleep study.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states sleep studies are indicated in the evaluation of possible sleep apnea. The patient however already has the established diagnosis of sleep apnea, has had a prior sleep study and is currently using a CPAP machine. Therefore, a need for repeat sleep study has not been established and therefore the request is not medically necessary.