

Case Number:	CM15-0132629		
Date Assigned:	07/21/2015	Date of Injury:	12/14/2001
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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 51 year old male who sustained an industrial injury on 12/14/2001. The injured worker was diagnosed with idiopathic Parkinson's disease secondary to prolonged toxin exposure with incontinence, apraxia of the eyelid and gait imbalance. The injured worker underwent bilateral deep brain stimulation implant (no date documented). Treatment to date has included diagnostic testing, Botox injections to the eyelid, psychological support, bilateral brain implant and medications. According to the physician's progress report on June 1, 2015, the injured worker continues to experience increased falls, worsening speech and some improvement in hand movement. The injured worker and significant other reported difficulty staying asleep, heavy snoring, apneic spells and unintentional acting out dreams. The injured worker also reports short-term memory loss and depressed mood. Neurological examination demonstrated comprehension intact, extraocular muscles intact, symmetry of the face equal and an upright posture with shortened stride gait. Positive apraxia of the eyelid opening was noted. Hip strength was noted at 4+/5 with bilateral knee flexion at 5-/5. Strength elsewhere was intact. Tone and deep tendon reflexes were normal throughout. Fewer tremors were noted with more bradykinetic movements at the right arm and left leg. There was decreased sensation to pinprick at the left leg. Current medications are listed as Azilect, Levitra, Effexor XR, Alprazolam, Vesicare and Omeprazole. Treatment plan consists of follow-up visit for deep brain stimulation adjustment/re-programming, follow-up with urologist, outdoor ramp to house, chair lift, elbow pads and the current request for sleep specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with specialist for Sleep Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1 Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of sleep disturbance and symptoms consistent with sleep apnea. Therefore, consult with sleep specialist would be medically warranted.