

Case Number:	CM15-0135985		
Date Assigned:	07/24/2015	Date of Injury:	07/31/2012
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Indiana, Michigan, California
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 44 year old female who was involved in a work related injury on July 31, 2012. Diagnoses include musculoskeletal injuries, depression, headache, and sleep disorder. Treatment has involved surgery of the right thumb on August 4, 2012, surgery of the right elbow on February 19, 2014, physical therapy, splinting and medication. The request is for a sleep study.

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 Official Disability Guidelines (ODG), Pain Chapter, Polysomnograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary, Criteria for Polysomnography.

Decision rationale: Indications for polysomnography are cited in the Official Disability Guidelines and include symptoms of narcolepsy and sleep apnea. The Official Disability Guidelines also note that polysomnography is recommended for the combinations of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change and insomnia complaints for at least six months. Records review did reveal memory and concentration problems likely related to insomnia. However, no other criteria for polysomnography were apparent. Therefore, a sleep study is not medically necessary and appropriate.