

Case Number:	CM15-0138078		
Date Assigned:	07/28/2015	Date of Injury:	09/16/2005
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year-old female who sustained an industrial injury on 09/16/2005. Mechanism of injury occurred when cleaning a hotel room stooped over to assess under a bed and hit her right shoulder with a hard protruding part of a lamp. Diagnoses include cervical and left shoulder sprain-strain, status post-right shoulder surgery in 2006, headaches and sleep disturbance. Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation unit, chiropractic sessions, home exercise program, and swimming. She continues to work as a housekeeper with modifications. Her medications include Cyclobenzaprine, Omeprazole, Lidopro, and Ibuprofen. A physician progress note dated 06/24/2015 documents the injured worker has continued chronic cervical and left and right shoulder pain which is rated as 5-6 out of 10. She continues to work as a housekeeper. Her neck pain is bilateral, tight and intermittent with radiation to her shoulders. She reports weakness of the grips of her bilateral hands. Right shoulder pain is described as constant dull and tight. She is status post right shoulder surgery in 2006. Left shoulder pain is constant and tight. She was recommended for left shoulder surgery but she declined due to no improvement post right shoulder surgery. She states she wakes up at night with pain around 2 AM and is unable to get back to sleep. She has decreased cervical range of motion, and she has tense and tender cervical paraspinal muscles. Her left shoulder is tender to palpation and has restricted range of motion. The treatment plan is for continuation of medications, aquatic therapy, and Transcutaneous Electrical Nerve Stimulation unit and thera cane. Continue chiropractic sessions. She declines local steroid injections, and surgery or updated Magnetic Resonance Imaging for further

evaluation. Electromyography and Nerve Conduction Velocity of the upper extremities is pending. Treatment requested 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 cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured 10 years ago, when she hit her right shoulder cleaning a hotel room. Diagnoses include cervical and left shoulder sprain-strain, status post-right shoulder surgery in 2006, headaches and sleep disturbance. She continues to work as a housekeeper with modifications. As of June 2015, there is continued chronic cervical and left and right shoulder pain which is rated as 5-6 out of 10. She states she wakes up at night with pain around 2 AM and is unable to get back to sleep. The MTUS is silent on sleep studies. The ODG notes regarding sleep studies that they are recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The claimant meets none of these criteria. Further In-lab polysomnograms/sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence. This criterion is not met (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); This criterion is not met. (3) Morning headache (other causes have been ruled out); This criterion is not met. (4) Intellectual deterioration (sudden, without suspicion of organic dementia); This criterion is not met. (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); This criterion also is not met. (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Again, this criterion is not met. Therefore, under the evidence-based criteria the request is not medically necessary.