MAXIMUS Federal Services

Case Number:	CM15-0164446		
Date Assigned:	09/01/2015	Date of Injury:	12/05/2012
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 43 year old male, who sustained an industrial injury on December 5, 2012. He was reportedly crushed by a pipe with an obvious open left lower extremity fracture. The injured worker was diagnosed as having crush injury, massive open pelvic fracture, open left femur fracture, traumatic shock, probable anal sphincter and definite perianal and possible rectal injuries, large left thigh crush injury, soft-tissue injury and laceration. Treatment to date has included diagnostic studies, medication, multiple procedures and therapies. On July 21, 2015, the injured worker had completed takedown of his colostomy complicated by abscess. He was reported to have severe initial regurgitation by echocardiogram. Notes stated he continued to have moderate erectile dysfunction and continued to receive testosterone replacement. The treatment plan included medication, orthopedist re-evaluation and a sleep study. A request was made 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, Pain Chapter, updated 7/15/15, online version, Criteria for Polysomnography.

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

Decision rationale: Guidelines recommend sleep studies for patients who have at least six months of insomnia that has not responded to behavior intervention and sleep promoting medications and after a psychiatric etiology has been excluded. In this case, there is no documentation of insomnia, duration of any insomnia, failure of sleeping medications or exclusion of a psychiatric etiology. The request for sleep studies is not medically necessary and appropriate.