

Case Number:	CM15-0166241		
Date Assigned:	09/03/2015	Date of Injury:	08/28/2014
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 50 year old female, who sustained an industrial injury on 8-28-14. Initial complaints were of her neck, shoulders, arm above wrists and back. The injured worker was diagnosed as having Rotator Cuff Disease NEC; Adjustment Reaction-Mixed Emotion; Insomnia NEC; Internal Derangement Knee; Tear Meniscus NEC-Current; Joint Pain Left Leg; Sprain of Knee and Leg NOS. Treatment to date has included physical therapy; acupuncture; medications Currently, the PR-2 notes dated 7-27-15 indicated the injured worker complains of depressive symptoms including sadness, agitation, loss of interest, sleep disturbance, appetite changes. Anxiety symptoms include feelings of insecurity, health worries, rumination and recurrent thoughts about her injury, excessive perspiration, heart palpitations, feeling as though she is unable to relax, and sense of dread or doom. A right shoulder arthroscopy with subacromial decompression surgery was authorized 4-1-15 and delayed due to personal matters. The treatment plan includes a follow-up appointment with her psychologist and psycho-therapeutic Group sessions, Cognitive Behavioral therapy and a Sleep Study Referral. The provider is requesting authorization of 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.

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

Decision rationale: The ODG states polysomnograms are recommended for the combination of indications listed below: 1. Excessive daytime somnolence; 2. Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); 3. Morning headache (other causes have been ruled out); 4. Intellectual deterioration (sudden, without suspicion of organic dementia); 5. Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and 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. In this case the patient suffers from chronic pain and insomnia associated with depression. The criteria for a sleep study are not met. There is no documentation to support cataplexy, intellectual deterioration or personality changes, therefore is not medically necessary.