

Case Number:	CM15-0167357		
Date Assigned:	09/08/2015	Date of Injury:	08/01/2014
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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 54 year old female who sustained an industrial injury on 8-1-14. Diagnoses are status post right shoulder surgery 11-2014, rotator cuff (capsule) tear, bicipital tendinosis-partial tear, sleep disorder (failed Lunesta), gastritis, and myofascial pain. In a progress report dated 7-17-15, the primary treating physician notes the injured worker presents for sleep screening #3 and Epworth score is 19. Bedtime is 9 pm, sleep onset is over to hours, and then she wakes up multiple times per night due to sharp pain in the right arm. It is noted she has poor sleep hygiene; that she watches television in bed, a phone is in the room, there is lack of natural light exposure, she naps throughout the day, and has over 3 cups of caffeine per day. Gabapentin is reported to improve pain and Lunesta increased her appetite and there was weight gain in the past. Right shoulder pain is rated as 5-7 out of 10, is constant and radiates to her neck. There is decreased grip of the right hand and color changes. There is tenderness to palpation at the glenohumeral and deltoid areas. The treatment plan is to continue Gabapentin, LidoPro Cream, sleep screening, discussed sleep hygiene; encourage to correct, continue a home exercise program and transcutaneous electrical nerve stimulation, and continue physical therapy visits. Work status is to remain off work until 7-17-15 and that the employer is not able to accommodate restrictions. The requested treatment is a sleep screening test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep screening Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Sleep Disorders Association.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that sleep studies are indicated in the evaluation of sleep disorders such as periodic limb movement or sleep apnea. The records indicate the patient has poor sleep hygiene but no indication of a true sleep disorder requiring a sleep study. Therefore, the request is not medically necessary.