

Case Number:	CM15-0198554		
Date Assigned:	10/13/2015	Date of Injury:	06/12/2015
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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
 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 male, who sustained an industrial injury on 6-12-2015. The injured worker was being treated for right shoulder periscapular myofascial strain with attendant impingement, tendinitis, bursitis, and a history of rotator cuff surgery in 2013; and a history of sleeping difficulties secondary to chronic pain and disability. On 9-15-2015, the injured worker reported difficulty due to his chronic right shoulder pain and disability. The physical exam (9-9-2015) did not include documentation of a detailed assessment of the injured worker's sleep difficulty. Diagnostic studies to date have included x-rays of the right shoulder. Treatment has included physical therapy, off work, work restrictions, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (9-15-2015 report), the injured worker was told there were no available light duties at work and eventually he was let go from his work. On 9-16-2015, the requested treatments included a sleep study. On 9-29-2015, the original utilization review non-certified a request 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 x1: 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 (updated 9/8/15) Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Sleep Study.

Decision rationale: Nocturnal, laboratory-based polysomnography (PSG) is the most commonly used test in the diagnosis of obstructive sleep apnea syndrome (OSAS). It is often considered the criterion standard for diagnosing OSAS, determining the severity of the disease, and evaluating various other sleep disorders that can exist with or without OSAS. PSG consists of a simultaneous recording of multiple physiologic parameters related to sleep and wakefulness. In this case there is no indication of any specific sleep disorder. There is no specific indication for the requested sleep study. Medical necessity for the requested study is not established. The requested study is not medically necessary.