

Case Number:	CM15-0022134		
Date Assigned:	02/11/2015	Date of Injury:	06/05/2013
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 51-year-old female who reported a twisting injury on 06/15/2013. The current diagnosis is right perineal tear. The injured worker is status post partial resection. The injured worker presented on 12/09/2014 for a follow-up evaluation with ongoing pain at the inferior portion of the incision. Upon examination, there was tenderness to light palpation of the distal portion of the incision with slight minimal swelling, 15 degrees dorsiflexion, 15 degrees plantarflexion, reduced ankle range of motion, and guarding. Recommendation included lidocaine cream to the affected area 3 times per day. The injured worker was offered a cortisone injection; however, she refused. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), Office visits.

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

Decision rationale: The Official Disability Guidelines recommend polysomnograms/sleep studies for a combination of indications. In this case, there was no documentation of a recent physician progress report submitted by the requesting physician. There was no documentation of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep related breathing disorders, or insomnia complaint for at least 6 months in duration. The medical necessity for the requested consultation has not been established in this case. Therefore, the request is not medically appropriate at this time.