

Case Number:	CM15-0023587		
Date Assigned:	02/13/2015	Date of Injury:	02/12/2002
Decision Date:	04/06/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male who reported an injury on 02/12/2002. The mechanism of injury was the injured worker fell from a truck approximately 20 feet. The diagnoses included cervical spine musculoligamentous sprain and strain, right shoulder grade 3 acromioclavicular separation, status post right shoulder surgery, adhesive capsulitis of the right shoulder, left shoulder strain, status post right hand carpal tunnel release, status post right knee arthroscopy, internal derangement of the bilateral knees, closed head injury, and obstructive sleep apnea syndrome. Prior therapies included physical medicine and a CPAP machine. The injured worker was noted to have hypertension. The injured worker's medications included simvastatin, lisinopril, terazosin, finasteride, Lexapro, atenolol, and Lumigan. The documentation of 12/19/2014 revealed the physical examination revealed the injured worker was 5 feet and 7 inches tall, and 211 pounds. There was tenderness to the cervical paravertebral muscles and upper trapezius region. Sensation was intact to the upper extremities. Reflexes were 1+ and equal and reactive in the biceps, triceps, and brachioradialis. The injured worker had decreased range of motion of the right shoulder. The injured worker had moderate tenderness in the lumbar paravertebral muscles with no spasms. The injured worker had decreased range of motion with low back pain. The documentation indicated the injured worker had been diagnosed with obstructive sleep apnea and it was beyond the expertise of an orthopedic surgeon. The documentation indicated the injured worker should be under the care of an internist as a secondary treating physician for monitoring the condition. The injured worker had a CPAP machine that was not functioning properly and the recommendation was made for the repair or

replacement of the CPAP machine as soon as possible for the injured worker to have proper oxygenation during sleep. The injured worker was noted to suffer from moderate to severe sleep obstructive apnea per the nocturnal Polysomnogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had obstructive sleep apnea and should be under the care of an internist as a secondary treating physician. The injured worker was noted to suffer from moderate to severe sleep obstructive apnea per the nocturnal polysomnogram. This would be outside the scope of practice of the orthopedist. This request would be supported. Given the above, the request for 1 internal medicine consultation is medically necessary.