

Case Number:	CM15-0043090		
Date Assigned:	03/13/2015	Date of Injury:	11/01/2013
Decision Date:	04/16/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/06/2015

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, Pain Management, Occupational 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 patient is a 62 year old male employed as a Metal Furniture Finisher with a date of injury recorded on November 1st, 2013. He is treated for symptoms in his shoulder. He is also diagnosed with constant tinnitus. He reportedly has a history of anxiety, depression and fatigue. The injured worker previously received the treatment which included Motrin, CT scan of the right upper extremity and physical therapy. He is diagnosed with bilateral chronic impingement attributed to continuous trauma, right acromioclavicular arthrosis, bilateral subdeltoid and subacromial bursitis, bilateral adhesive capsulitis right greater than the left. According to progress note of February 12, 2015, the injured workers chief complaint was bilateral shoulder pain. The pain was interfering with his ability to sleep. He also complained of being depressed. The evaluation from February 2015 noted that he had a history of anxiety, depression and fatigue. He also has a history of joint pain, muscle pain and weakness. There was neck pain which radiated down the levator scapulae and trapezius muscles. The treatment plan included a sleep study and psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 (ODG).

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: ODG recommends a sleep study after behavioral interventions and sedative medications have failed and psychiatric issues have been addressed. The patient is noted to complain that he cannot sleep due to the pain. There is no specific indication to evaluate for sleep apnea with a sleep study if the patient cannot sleep due to the severity of the pain. This request for a sleep study does not meet ODG criteria and the medical record contains a plausible explanation for the patient's inability to sleep. The sleep study request is denied.

1 Psyche evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition Page 398.

Decision rationale: ACOEM states that consultation with a psychiatrist should be provided if serious psychopathology is present. The evaluation indicates that the patient is already diagnosed with depression and anxiety. There is no review of symptoms indicating that the psychological symptoms interfere with his recovery. The mental status examination is within normal limits. There is no information in the medical record indicating that the patient has symptoms more severe than his baseline. This request for a psychiatric consultation for complaints of depression is denied. There is no discussion concerning the current treatment for his depression or any depth of analysis of the depression symptoms and their severity.