

Case Number:	CM15-0085994		
Date Assigned:	05/08/2015	Date of Injury:	08/03/2013
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, Texas

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 62 year old male, who sustained an industrial injury on 08/03/2013. He reported pain, swelling, and the sound of bones cracking in his left hand. The injured worker was diagnosed as having a fracture. Treatment to date has included x-rays, medications, splinting, nerve studies, MRI of the left hand and therapy for the hand. On 08/28/2013, the injured worker was seen by an orthopedist that diagnosed the injured worker with left hand sprain, left hand fracture and additionally noted sleep disturbance, anxiety and depression. Consultations were requested for hand surgery, pain management, psyche consultation and a sleep study. According to the most recent progress report submitted for review and dated 04/01/2015, the injured worker reported pain in the left hand and left wrist that occurred 10 percent of the time. The provider made reference to another provider's report indicating that the injured worker was not a surgical candidate. Diagnoses included left hand fracture, left wrist internal derangement, left hand internal derangement and other problems unrelated to current evaluation. Treatment plan included shockwave therapy, physical therapy, psyche and internal medicine consultation and a sleep study. Currently under review is the 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The ODG states polysomnograms are recommended for the combination of indications listed below: 1. Excessive daytime somnolence; 2. Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); 3. Morning headache (other causes have been ruled out); 4. Intellectual deterioration (sudden, without suspicion of organic dementia); 5. Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and 6. Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep promoting medications and psychiatric etiology has been excluded. In this case the documentation doesn't support that the patient meets the criteria for a polysomnogram due to complaints of insomnia and daytime somnolence without any other complaints. The request is not medically necessary.