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| <b>Case Number:</b>   | CM15-0087102 |                              |            |
| <b>Date Assigned:</b> | 05/11/2015   | <b>Date of Injury:</b>       | 08/08/2013 |
| <b>Decision Date:</b> | 06/10/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2015 |

### 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, Indiana, 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 60 year old male who sustained a work related injury August 8, 2013. He was struck by a large falling object, resulting in substantial soft tissue and nasal injury with secondary injuries involving the left shoulder, right knee and low back. Past history included hypertension, diabetes mellitus II, hernia repair, s/p repair of facial soft tissue 8/8/2013, s/p nasal septal surgery 10/10/2013, s/p right knee arthroscopy. Progress notes, dated April 6, 2015, finds the injured worker with worsening pain in the right knee, affecting the lower back. The notes reveal a scheduled total right knee replacement April 17, 2015. He has continued depression and complains of obstructive breathing if he sleeps on right side. Diagnosis is documented as severe tricompartment arthritis right knee Treatment plan included a request for authorization for sleep disorder center.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to sleep disorder center:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sleep studies.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, referral sleep disorder center is not medically necessary. Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. Not recommended for routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. The criteria are enumerated in the Official Disability Guidelines. Polysomnography is recommended for the following combination of indications: excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; sleep-related breathing disorder; insomnia complaint at least six months (at least four nights a week), etc. In this case, injured worker's working diagnoses are status post nasal/facial laceration, tissue loss with scar revision; residual disfigurement with obstructive breathing disorder; post-traumatic anxiety/depression. According to progress note dated April 6, 2015 (request for authorization is April 7, 2015), the injured worker sustained facial trauma with extensive surgical repairs and facial/nasal scarring. The injured worker, according to the record, has obstructed breathing during sleep. The cause of the obstructed breathing is due to the nasal trauma and subsequent alterations of the nasal passages and nares. A sleep study will not provide additional information. The injured worker does not have cataplexy, morning headaches (specifically) with other causes ruled out; intellectual deterioration (some, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass for known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder; insomnia complaint for at least six months (at least four nights of the week, unresponsive to behavior intervention and sedative/sleep promoting medications and a psychiatric etiology has been excluded. A sleep study with the sole complaint of snoring is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, and referral to a sleep disorder center is not medically necessary.