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| <b>Case Number:</b>   | CM14-0110983 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 02/18/2005 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 07/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 50 year old gentleman was reportedly injured on February 18, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated January 8, 2014, indicates that there are ongoing complaints of neck pain, left upper extremity pain, low back pain, left foot pain, difficulty sleeping, depression, and anxiety. The physical examination demonstrated muscular atrophy of the left upper extremity, and diffuses tenderness about the left elbow. A previous polysomnogram was performed on June 18, 2013 which revealed severe obstructive sleep apnea. Previous treatment includes left elbow surgery and postoperative physical therapy. A request was made for a polysomnogram and continuous positive airway pressure (CPAP) titration study and was not certified in the preauthorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polysomnogram/CPAP Titration 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), Pain: Polysomnography <http://www.ncbi.nlm.nih.gov/pubmed/9792577>: daytime CPCP titration.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Polysomnography, Updated September 10, 2014.

**Decision rationale:** Review of the medical records indicates that the injured employee has been diagnosed with obstructive sleep apnea since 2006. A recent polysomnogram and continuous positive airway pressure (CPAP) titration was performed on June 18, 2013. Since that time there have been no complaints of excessive daytime somnolence or other insomnia related issues. Considering this, the request for another polysomnogram/CPAP titration study is not medically necessary.