

Case Number:	CM14-0136584		
Date Assigned:	09/03/2014	Date of Injury:	02/25/2010
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is an injured worker with a right knee condition, status post right knee arthroscopic partial medial and lateral meniscectomy. Date of injury was 02-25-2010. Regarding the mechanism of injury, while kneeling down, the patient felt right knee pain. Orthopaedic progress report dated 7/14/14 documented subjective complaints of right knee pain. Physical examination of the right knee was documented. There was boggiess but no effusion. There was -5 to 120 degrees range of motion with, mild global tenderness to palpation. There was mild medial joint line tenderness. There was negative lateral joint line tenderness. There was a negative Lachman and negative drawer. The knee was medially and laterally stable to varus and valgus stress. There was significant lower extremity atrophy. The patient states he is having difficulty sleeping due to right knee pain. The chronic pain keeps him from proper sleep. Request for authorization dated 7/23/14 requested Sleep Study Physician Consult. Utilization review determination date was 7/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Physician Consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address sleep study. Journal of Clinical Sleep Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. J Clin Sleep Med. 2009

Decision rationale: The American Academy of Sleep Medicine clinical guideline for obstructive sleep apnea (2009) states that obstructive sleep apnea (OSA) is defined by the occurrence of daytime sleepiness, loud snoring, witnessed breathing interruptions, or awakenings due to gasping or choking in the presence of obstructive respiratory events (apneas, hypopneas or respiratory effort related arousals). Questions to be asked during a routine health maintenance evaluation should include a history of snoring and daytime sleepiness and an evaluation for the presence of obesity, retrognathia, or hypertension. A comprehensive sleep history in a patient suspected of OSA should include an evaluation for snoring, witnessed apneas, gasping/choking episodes, excessive sleepiness, total sleep amount, nocturia, morning headaches, sleep fragmentation/sleep maintenance insomnia, and decreased concentration and memory. Orthopaedic progress report dated 7/14/14 documented that patient stated that he was having difficulty sleeping due to knee pain. The chronic pain kept him from proper sleep. Request for authorization dated 7/23/14 requested a sleep study physician consult. The medical records have no evidence of obstructive sleep apnea that would justify a polysomnography sleep study. According to the patient, the patient's difficulty sleeping was caused by knee pain, not obstructive sleep apnea. The medical records do not provide support for the medical necessity of a sleep study polysomnography. Therefore, the request for sleep study physician consult is not medically necessary.