

Case Number:	CM14-0094612		
Date Assigned:	07/25/2014	Date of Injury:	10/28/1999
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 injured worker is a 58-year-old male who was reportedly injured on 10/28/1999. The mechanism of injury was listed as a crushing injury. The most recent progress note dated 4/28/2014, indicated that there were ongoing complaints of bilateral lower extremity swelling, and inability to lay flat. The physical examination demonstrated with patient fully reclined. No respiratory discomfort or symptoms were observed. Lower extremities with 1+ edema at the tibia it does not extend into cast. There is tenderness and swelling there are diagnostic studies available for review. Previous treatment included previous surgery, medications and conservative treatment. A request was made for sleep study and is not medically necessary in the pre-authorization process on 5/20/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, pain/polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography updated 7/10/2014.

Decision rationale: A sleep study for the sole complaint of snoring, without one of the mentioned symptoms in the Official Disability Guidelines is not recommended. After review of the medical documentation provided, it is noted the injured worker complains of inability to lie flat due to discomfort. However, there were no objective clinical findings on the physical exam to necessitate a sleep study therefore, this request is not medically necessary.