MAXIMUS Federal Services

Case Number:	CM14-0216107		
Date Assigned:	01/06/2015	Date of Injury:	08/17/2012
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old female with a work related injury dated August 17, 2012. The physician's visit dated November 18, 2014 reflected the worker was complaining of right shoulder pain that she felt was likely due to the use of a cane in the right hand. Pain was reported to occur with overhead activity, doing her hair, getting dressed and getting out of bed. The worker also reported stiffness in the morning. Current treatment included physical therapy, pain medications and Elavil for sleep. Physical exam was remarkable for left knee with trace effusion, range of motion 0-120, and positive TTP (thrombotic thrombocytopenia purpura) medial compartment and especially over the medial hamstring, positive TTP over the bicep tendon and AC joint. Range of motion was remarkable for forward flexion 145, abduction 140, external rotation 80 and internal rotation 35. Diagnoses included left knee status post arthroplasty and partial medical meniscectomy, lumbar spine sprain/strain, right knee sprain/strain, possible sleep apnea, insomnia, headaches, right occipital neuralgia and right shoulder impingement/tendonitis. Treatment pain at this visit included additional physical therapy and request for authorization for a sleep study to rule out sleep apnea. Work status was to remain off work due to temporary, total disability. The utilization review decision dated December 16, 2014 non-covered the request for a sleep study. The decision was based on the ODG, Pain section, criteria for polysomnograms. The guidelines reflect polysomnograms/sleep studies are recommended for combination of indication listed: excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes, sleep-related breathing disorder, and insomnia complaints for at least six months. The documentation that was reviewed reflected no indication as to the

patient undergoing consultation with a sleep specialist to determine the necessity of a sleep study. There was no documentation of daytime sleepiness, no indication of morning headaches or of unresponsiveness to treatment. The request was therefore non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study per neurologist.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental & Stress Chapter, under Polysomnography

Decision rationale: According to the 10/21/2014 report, this patient presents with headaches that radiate to the right shoulder and right side of neck/right side of head and persistent low back pain and aching in the right and left knees. The current request is for Sleep Study per Neurologist. The patient was diagnoses with possible sleep apnea, insomnia. The MTUS and ACOEM Guidelines do not address sleep study; therefore, ODG Guidelines are used. ODG states sleep studies are recommended when there indications of (1) Excessive daytime somnolence; (2) Cataplexy; (3) Morning headache; (4) Intellectual deterioration; (5) Personality change; & (6) Insomnia complaint for at least six months. In reviewing the 09/12/2014 Neurologist report, the treating physician states she wakes up at night several times. She only can sleep 4 hours or less at night. The 04/22/2014 report indicates the patient has difficulty sleeping at night and reports that she wakes up almost every hour. Per ODG guidelines, sleep studies are recommended when the combination of indications listed above are documented. In this case, records show that the patient has had insomnia for at least 6 months but there is no documentation of excessive daytime somnolence, cataplexy, morning HA's, intellectual deterioration or personality changes. Therefore, this request is not medically necessary.