

Case Number:	CM14-0219196		
Date Assigned:	01/09/2015	Date of Injury:	11/05/2013
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 an industrial injury on November 5, 2013. He has reported low back pain, right knee pain and sleep disturbance. The diagnoses have included right knee internal derangement of the knee, lumbar disc protrusion, lumbar myofascitis, right knee lateral meniscus tear, right knee medial meniscus tear, and right knee myofascitis. Treatment to date has included pain medication. Currently, the injured worker complains of intermittent mild low back pain and frequent moderate right knee pain. On December 11, 2014 Utilization Review non-certified a sleep study due to emotional stressors of injury noting the documentation failure to support a recent sleep evaluation using Epworth questionnaire, no indication there was a suspected sleep disorder being considered for diagnosis or to rule out and none of the guidelines criteria was satisfied. The Official Disability Guidelines were cited. On December 11, 2014 Utilization Review non-certified functional capacity evaluation noting the documentation failed to demonstrate that the injured worker had close to maximum medical improvement, no indicate the modified return-to-work had failed, and no reference to consideration of a work-hardening program. The Official Disability Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of sleep study and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study due to emotional stressors of injury: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Polysomnography

Decision rationale: Polysomnography/sleep study 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. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case the documented cause of sleep disorder is secondary to emotional stressors. Sleep studies are indicated only after psychiatric etiologies have been excluded. Criteria for polysomnography have not been met. The request should not be authorized.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty: Functional Capacity Evaluations

Decision rationale: Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if; 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is

appropriate:Close or at MMI/all key medical reports secured.Additional/secondary conditions clarified.Do not proceed with an FCE if the sole purpose is to determine a workers effort or compliance.The worker has returned to work and an ergonomic assessment has not been arranged. In this case there is no documentation that the patient close to maximal medical improvement or that attempts to return to work have failed. Criteria for functional capacity evaluation have not been met. The request should not be authorized.