

<b>Case Number:</b>	CM15-0007785		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 & Rehabilitation

### 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 30 year old man sustained an industrial injury on 5/19/2014 to his right shoulder after a fall from a ten foot ladder. Evaluations include right shoulder MRI. Treatment has included oral medications, physical therapy, and home exercise program. Orthopedic notes dated 11/10/2014 show a request for surgical intervention to the right shoulder. The physician has requested, as part of the pre-operative clearance, a two night home sleep study to rule out sleep apnea due to a history of snoring/weight. There is no further mention of this in other notes that were submitted. On 12/30/2014, Utilization Review evaluated a prescription for two night home sleep study, that was submitted on 1/14/2015. The UR physician noted there is no documented insomnia diagnosis noted in the worker's history. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Night Home Sleep Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14), Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Pain (chronic)' and topic 'Polysomnography'

**Decision rationale:** The patient presents with right shoulder pain rated 07/10. The request is for 2 NIGHT HOME SLEEP STUDY. The RFA is not provided. Patient's diagnosis included posterior-superior glenoid labral tear. Patient is temporarily totally disabled. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "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 request for a sleep evaluation study is noted in progress report dated 11/10/14. As part of the pre-operative clearance, a two night home sleep study is being requested to rule out sleep apnea due to a history of snoring/weight. The treater, however, does not provide any other details about the patient's possible insomnia or sleep apnea diagnosis or any responses to behavior intervention and sedative medications, and personality changes. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The request IS NOT medically necessary.