

Case Number:	CM15-0118123		
Date Assigned:	06/26/2015	Date of Injury:	11/24/2008
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Internal 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 45 year-old female who sustained an industrial injury on 11/24/08. She reported right hand pain that radiated up the arm after repetitive work activities with difficulty sleeping due to pain. Diagnosis was sprain of unspecified site of wrist. Treatments included physical therapy, pain medication, orthopedic evaluation, and splinting. NCV of 05/06/09 showed mild right carpal tunnel syndrome with recommendation for surgery; the injured worker declined. Treatments included physical therapy and pain medication. There is an additional diagnosis of difficulty sleeping as of 10/16/14 with no progress report. In a progress note dated 10/27/14 the treating provider reports right wrist pain and discomfort after a fall, with inability to move fingers and loss of grip strength. The injured worker had continued bilateral wrist pain, right shoulder pain, right knee pain, right ankle/foot pain. Sleep study of 03/05/15 reported obstructive sleep apnea syndrome, mild; severe during REM sleep, and loud snoring. The injured worker is under temporary total disability. Date of Utilization Review: 06/08/15

IMR ISSUES, DECISIONS AND RATIONALES

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

One sleep specialist consultation for full night CPAP titration sleep study: Overturned

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 Medscape Internal Medicine 2014: Sleep Apnea.

Decision rationale: OSA should be approached as a chronic disease requiring long-term, multidisciplinary management. There are medical, behavioral, and surgical options for the treatment of OSA. Adjunctive therapies are used as needed to supplement the primary treatment options. The patient should be an active participant in the decision on treatment type and taught to contribute to the management of his or her own disease. Positive airway pressure (PAP) is the treatment of choice for mild, moderate, and severe OSA and should be offered as an option to all patients (Consensus). Alternative therapies may be offered depending on the severity of the OSA and the patient's anatomy, risk factors, and preferences and should be discussed in detail. In this case, the claimant has obstructive sleep apnea as demonstrated on a sleep study performed 03/05/15. The results require evaluation by a sleep specialist to determine the treatment options for this condition. Medical necessity for the requested item is established. The requested item is medically necessary.