

<b>Case Number:</b>	CM15-0121357		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 39 year old male sustained an industrial injury on 1/13/12. He subsequently reported shoulder pain. Diagnoses include sprain of neck, lumbar disc displacement without myelopathy and status post labral debridement. Diagnoses include bilateral knee sprain and patellofemoral arthritis. Treatments to date include MRI testing, shoulder surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back, left shoulder and left hip pain. Upon examination, antalgic gait noted. A request for a sleep study was made by the treating physician.

### 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sleep study.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service. The ODG states sleep studies are indicated in the evaluation of sleep apnea. The patient does not have documented clinical signs or symptoms consistent with sleep apnea and therefore the request is not medically necessary.