

<b>Case Number:</b>	CM15-0178972		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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:

The injured worker is a 46-year-old male, who sustained an industrial injury on 06-12-2013. He has reported subsequent chest pain and shortness of breath that increased with walking, bilateral wrist and hand, right knee, cervical spine and head pain and was diagnosed with bilateral upper chest muscle sprain with residual transverse upper chest pain, cervical disc herniation, tear of medial meniscus of the right knee, carpal tunnel syndrome, tendinitis and bursitis of the hands and wrists and concussion with short loss of consciousness. The injured worker underwent a two-night sleep study in 2013 and the report showed that the injured worker suffered from a "moderate pathological sleep breathing respiratory disorder". There was no discussion or interpretation of the study findings in the primary treating physician's progress notes that were submitted. Treatment to date for pain has included oral pain medication, acupuncture, physical therapy and a transcutaneous electrical nerve stimulator (TENS) unit. In a progress note dated 06-18-2015, the injured worker reported bilateral wrist and hand, right knee and cervical spine pain, chest pain with shortness of breath and headache. Objective examination findings showed 3+ spasm and tenderness to the bilateral paraspinal muscles from C4-C7 and bilateral suboccipital muscles, positive axial compression test bilaterally, distraction test and shoulder depression test positive bilaterally, spasm and tenderness of the wrists with positive Tinel's test and spasms and tenderness of the right anterior joint line, popliteal fossa and vastus medialis of the knees with positive right McMurray's Grinding and Clarke's tests. There were no objective findings of the cardiac and respiratory systems documented. Work status was documented as modified. A request for authorization of diagnostic polysomnogram was submitted. As per the 08-05-2015 utilization review, the request for diagnostic polysomnogram was non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diagnostic polysomnogram:** 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 Chapter.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states the requested test may be indicated after 6 months of documented insomnia with no response to conservative therapy, behavior intervention and psychiatric etiology has been ruled out. There is no documentation in the medical records that these criteria have been met and therefore the request is not medically necessary.