MAXIMUS Federal Services

Case Number:	CM15-0044715		
Date Assigned:	03/17/2015	Date of Injury:	01/17/2013
Decision Date:	06/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female, who sustained an industrial injury on January 17, 2013. She reported pain in the left wrist while lifting heavy boxes. The injured worker was diagnosed as having enthesopathy of unspecified site (left thumb), enthesopathy of unspecified site (elbows), closed fracture of navicular bone of the left wrist and medial epicondylitis of the elbows bilaterally. Treatment to date has included conservative care, physical therapy, medications, wrist braces and work restrictions. Currently, the injured worker complains of left wrist and left elbow pain with associated sleep disruptions. The injured worker industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on October 30, 2014, revealed continued pain as noted. She reported increased pain since starting physical therapy. A sleep study was requested.

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, Pain Chapter, Polysomnography.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS did not specifically address the use of sleep studies for the evaluation of sleep disorder. The ODG guidelines noted that a sleep study can be utilized in the evaluation of chronic sleep disorder of more than 6 months duration when sleep hygiene measures, sleep medications treatment and management of pain and psychiatric disorders have been addressed. The records did not show that the patient had sleep disorder for more than months. There is no documentation of failure of sleep hygiene measures of failure to respond to effective medications management. The request is not medically necessary.