

<b>Case Number:</b>	CM15-0063533		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Emergency 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 48-year-old male, with a reported date of injury of 12/24/2013. The diagnoses include cervical sprain/strain, shoulder impingement syndrome, rupture of the rotator cuff, status post left shoulder surgery, and sleep disturbance due to pain. Treatments to date have included physical therapy for the left shoulder, without improvement, an MRI of the bilateral shoulders, x-rays of the bilateral shoulders, left shoulder surgery, acupuncture, naproxen, cyclobenzaprine, and Lidopro. The progress report dated 03/18/2015 indicates that the injured worker complained of neck and bilateral shoulder pain. A physical examination showed swelling of the right shoulder, tenderness to palpation of the anterior right shoulder, trapezius, and sternoclavicular joint, decreased right shoulder range of motion, positive right shoulder impingement, well-healed scars on the left shoulder, tenderness to palpation of the left anterior and superior aspects and left sternoclavicular joint, decreased left shoulder range of motion, and positive left impingement sign. The treating physician requested home exercise program/office visit and a sleep screening (office visit).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP SCREEN (OFFICE VISIT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

**Decision rationale:** The requested SLEEP SCREEN (OFFICE VISIT), is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography, noted that this study is "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders" and note the criteria for testing are: "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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) 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." The injured worker has neck and bilateral shoulder pain. A physical examination showed swelling of the right shoulder, tenderness to palpation of the anterior right shoulder, trapezius, and sternoclavicular joint, decreased right shoulder range of motion, positive right shoulder impingement, well-healed scars on the left shoulder, tenderness to palpation of the left anterior and superior aspects and left sternoclavicular joint, decreased left shoulder range of motion, and positive left impingement sign. The treating physician has not documented the following details: insomnia complaint of at least six months duration of at least four nights per week, trials of behavior intervention and sleep-promoting medications, exclusion of psychiatric etiology, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change. The criteria noted above not having been met, SLEEP SCREEN ( OFFICE VISIT) is not medically necessary.

**HEP/OFFICE VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47 Page(s): 46-47.

**Decision rationale:** The requested HEP/OFFICE VISIT, is not medically necessary. CA MTUS 2009 Chronic Pain Treatment, Exercise, Pages 46-47, strongly recommend exercise as an integral part of a rehabilitation program. The injured worker has neck and bilateral shoulder

pain. A physical examination showed swelling of the right shoulder, tenderness to palpation of the anterior right shoulder, trapezius, and sternoclavicular joint, decreased right shoulder range of motion, positive right shoulder impingement, well-healed scars on the left shoulder, tenderness to palpation of the left anterior and superior aspects and left sternoclavicular joint, decreased left shoulder range of motion, and positive left impingement sign. The treating physician has not documented what specific details concerning a home exercise program need to be dealt with during the requested office visit. The criteria noted above not having been met, HEP/OFFICE VISIT is not medically necessary.