

Case Number:	CM15-0075015		
Date Assigned:	04/24/2015	Date of Injury:	10/04/2013
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on October 4, 2013. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder bursitis, left shoulder myofascitis and depression. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, psychological evaluation, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain, depression and sleep disruptions. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 7, 2015, revealed continued complaints of sleep disruptions, pain and depression. It was noted physical therapy provided minimal relief and that she required pain medications to control the pain. She reported day time tiredness. A sleep study was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sleep Study Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Guidelines Pain - Polysomnography.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines specifically addresses this issue in detail and the Guidelines have very specific criteria to justify sleep studies. These criteria include chronic sleep problems not associated with a psychological issue, non responsive to medications and/or cognitive therapy. The Guideline criteria have not been met. There are documented to psychological symptoms that interfere with sleep quality and there is no reporting of medically reasonable and supported treatment for the sleep complaints. Under these circumstances, the sleep study consultation is not supported by Guidelines and is not medically necessary.