

Case Number:	CM15-0077810		
Date Assigned:	04/29/2015	Date of Injury:	06/29/2012
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 06/29/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, left shoulder surgery (12/12/2013), conservative therapies. Currently, the injured worker complains of constant neck pain with a severity level of 3/10 with radiating numbness and tingling into the bilateral upper extremities, constant left shoulder pain rated 7/10, and constant left elbow pain rated 4/10. The treatment plan includes cardio-respiratory testing-autonomic functional assessment, pulmonary function testing, refill on medications, and follow-up. The diagnoses include cervical radiculopathy, cervical disc protrusion, left shoulder osteoarthritis, left shoulder adhesive capsulitis, status post left shoulder surgery, and left elbow strain/sprain. The injured worker was noted to have a history of hypertension, diabetes, and obesity. The request for authorization consisted of cardio-respiratory testing-autonomic functional assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-respiratory testing-autonomic functional assessment: 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 ODG, sleep apnea and sleep disorders.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. Per the clinical documentation provided for review, the test has been ordered to address possible sleep apnea. Primary pulmonary issues or cheyne stoke breathing. Per the ODG, polysomnography is indicated in the evaluation of sleep apnea and sleep disorders in the presence of specific symptoms associated with these disease states. The patient has none of these and therefore the testing is not clinically indicated and the request is not medically necessary.