

<b>Case Number:</b>	CM15-0096323		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, 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 53-year-old male who reported an industrial injury on 2/26/2013. His diagnoses, and/or impressions, are noted to include: left elbow medial; humeral epicondylitis; right hand strain; left hand strain; left wrist internal derangement; bilateral carpal tunnel syndrome; right knee pain with surgeries (3/2013 & 9/2013); and status-post left knee arthroplasty in 12/2014. No current imaging studies are noted. His treatments have included surgeries; physical therapy; medication management; and rest from work. The progress notes of 3/17/2014 reported left elbow, right hand, left wrist/hand, and left knee pain along with a new complaint of constant tingling to the tips of his digits, bilaterally, as well as bilateral hand/digit cramping. The objective findings included use of a single point cane; diminished sensation to the right shoulder. The progress notes of 4/16/2015 noted an agreed medical examination report; the injured worker needing "CTS"; and severe pain in the left (illegible); with the treatment plan including Soma. The physician's requests for treatments were stated to include a sleep study consultation for sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnography (Sleep Study).

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

**Decision rationale:** This is a patient with orthopedic complaints with a request for a sleep study. MTUS is silent regarding this request. ODG states that after 6 months of insomnia for at least 4 nights/week a sleep study may be justified. In addition, sleep study may be indicated in cases unresponsive to behavioral interventions and sedative/sleep promoting medications and after psychiatric etiologies have been excluded. In this case, there is no documentation of symptoms and/or physical findings of sleep disorder. Therefore, the request is not medically necessary or appropriate.