

<b>Case Number:</b>	CM13-0002193		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who reported an injury after he fell off a ladder on 07/13/2001. The clinical note dated 02/12/2014 indicated diagnoses of frontal lobe traumatic brain injury, status post bilateral total hip replacement on the right on 10/31/2007 and on the left on 03/31/2008, bilateral moderate carpal tunnel syndrome-status post right carpal tunnel syndrome surgery on 11/10/2010, status post left carpal tunnel syndrome on 02/21/2011, moderate obstructive sleep apnea, history of sinusitis, and bilateral shoulder derangement. The injured worker reported increased fatigue and dizziness. The injured worker reported right hand pain when he drove; drowsiness, headaches, and lower back pain with sitting the pain traveled into left lower extremity. The injured worker reported impotence, difficulty concentrating and poor memory. The injured worker reported his old CPAP machine broke and he needs a new CPAP. On physical exam, the injured worker had decreased range of motion to his right eye. He had moderate intention tremors and he had mood labile thoughts tangential, depressed. The official polysomnogram dated 04/23/2013 revealed the injured worker had severe obstructive sleep apnea. The treatment plan included audiology testing for a new right ear hearing aid, a new home CPAP at 15 to 20 cm H2O and consultation for anger management. However, the request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPLACEMENT CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) MACHINE AT 15-20CM/H2O WITH CHIP PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care: Continuous Positive Airway Pressure (CPAP) for OSA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lauren J. Epstein, MD, et al., (2009). Clinical Guide for Evaluation, Management, and Long Term Care of Obstructive Sleep Apnea in Adults. Journal of Clinical Sleep Medicine, Volume 5, Pages 263 to 267.

**Decision rationale:** In a study authored by Epstein, et al., it was noted positive air pressure may be delivered in continuous (CPAP), bi-level (BPAP), or auto titrating (APAP) modes. Partial pressure reduction during expiration (pressure relief) can also be added to these modes. Positive air pressure applied through a nasal, oral, or oronasal interface during sleep is the preferred treatment for obstructive sleep apnea. CPAP is indicated for the treatment of moderate to severe obstructive sleep apnea and mild sleep apnea as an option. CPAP is also indicated for improving self-reported sleepiness, improving quality of life, and as an adjunctive therapy to lower blood pressure in hypertensive patients with obstructive sleep apnea. The study noted a full night attended PSG performed in the laboratory is the preferred approach for titration to determine the optimal positive air pressure level; however, split night, diagnostic titration studies are usually adequate. APAP devices are not currently recommended for split night titration. Certain APAP devices may be used during attended titration with PSG to identify a single pressure for use with standard CPAP for treatment of moderate to severe obstructive sleep apnea. The Polysomnogram dated 04/23/2013 indicated the injured worker underwent the split night diagnostic which revealed severe obstructive sleep apnea with AHI of 25 and a home auto CPAP 15-20 cm/H<sub>2</sub>O. The documentation provided indicated the injured worker's CPAP machine was old and broken. The injured worker would benefit from a replacement CPAP. However, the request is for a replacement CPAP and in the clinical note the provider indicated the injured worker needs a "new" machine. There was lack of documentation to indicate the problems with the current CPAP machine, or whether or not the current CPAP machine could be fixed. Therefore, the request for replacement CPAP (Continuous Positive Airway Pressure) machine at 15-20cm/h<sub>2</sub>O with chip purchase is not medically necessary and appropriate.