

Case Number:	CM13-0010593		
Date Assigned:	09/17/2013	Date of Injury:	01/23/2011
Decision Date:	01/29/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 55-year-old female who reported a work related injury on 01/23/2011. The clinical note dated 07/16/2013 reports a medical consultative report of the patient. The provider documents the patient was seen for a final rating for internal medicine disorders. The provider documented, as a result of the patient's work related injury, it is concluded that the patient's sleep disorder is industrially related. The patient reports she has gained weight as a consequence of her industrial injury and obesity has been scientifically associated with contributing to an aggravating sleep disorders, per the provider. The provider documented, since the patient never used her recommended CPAP, he recommended that she utilize it for at least 3 months before assessment of the efficacy of pressure can be rendered. The provider documented if, at that time, the patient feels the pressure is inadequate due to weight gain, she is recommended to return for another titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doctor consult with medical report: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: The current request previously received an adverse determination status post review of a clinical note dated 07/31/2013 which could not be found in the current review clinical notes. The patient had incidentally undergone CPAP titration on 07/16/2013 for her diagnosis of obstructive sleep apnea. The provider was requesting a follow-up for further evaluation. However, there is a lack of clinical documentation submitted for review evidencing the rationale. As [REDACTED] documented on 07/16/2013, [REDACTED] recommended the patient utilize her CPAP machine for 3 months to accurately assess titration of the machine. Given the lack of rationale for yet another consultation for follow-up of CPAP titration for diagnosis of obstructive sleep apnea with [REDACTED], the current request is not supported. ACOEM Cornerstones of Disability Prevention and Management indicates referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above with treating a particular case of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Given all of the above, the request for Doctor Consult with medical report is neither medically necessary nor appropriate.