

Case Number:	CM13-0011640		
Date Assigned:	06/20/2014	Date of Injury:	07/08/2011
Decision Date:	08/05/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal Medicine 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:

Progress report 05-20-2013 documented: Patient has not had any chest pain, PND, orthopnea, or shortness of breath upon exertion. He has not gotten his CPAP yet. Blood pressure 127/86. Cardiovascular and lung physical examination was normal. Diagnoses included hypertension, sleep apnea disorder. Medications included Benicar, Hydrochlorothiazide, Bystolic. Progress report 06-07-2013 documented diagnoses: right shoulder rotator cuff tear, left shoulder impingement syndrome, cervical and lumbar spine sprain/strain, bilateral knee patellofemoral syndrome. Progress report 07-29-2013 documented subjective complaints: Has not received CPAP yet. States blood pressure has been stable. Has not had chest pain, PND, orthopnea. Objective: BP 115/72, heart regular rate and rhythm, lungs clear to auscultation, abd soft. Diagnoses included hypertension, sleep apnea disorder. Utilization review decision letter dated 05-17-2013 documented the results of 10/07/12 overnight polysomnography report: Obstructive sleep apnea, 30% reduction in airflow. Sleep study dated 2012 indicated mild obstructive sleep apnea with apnea/hypopnea index AHI of 6.7 per hour. Mild sleep related oxygen desaturation. Oxygen saturation dropped from a base line of 95 % to a low of 86 %. There was successful response to CPAP titration. AHI was reduced to 1/7 per hour. Oxygen saturation was recorded at 90 % from a sleep baseline of 95 %. Utilization review dated 08-07-2013 recommended non-certification of the request for CPAP machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP machine QTY:1: 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 the Non-MTUS, Other Medical Treatment Guideline or Medical Evidence: Clinical Guideline for the Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea In Adults, aasmnet.org.

Decision rationale: American Academy of Sleep Medicine clinical guideline for obstructive sleep apnea states: CPAP is indicated for the treatment of moderate to severe OSA (Standard) and mild OSA (Option). Option refers to the level of recommendation. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion. This is a patient-care strategy that reflects uncertain clinical use. Progress report 05-20-2013 documented no complaints of chest pain, PND, orthopnea, or shortness of breath upon exertion, blood pressure 127/86. Progress report 07-29-2013 documented no complaints of chest pain, PND, orthopnea, BP 115/72. No complaints of daytime sleepiness were documented. The overnight polysomnography report 10/07/12 reported mild obstructive sleep apnea. American Academy of Sleep Medicine (AASM) clinical guideline states that for mild OSA, CPAP is a patient-care strategy that reflects uncertain clinical use, and implies either inconclusive or conflicting evidence or conflicting expert opinion. Medical records document that the OSA is mild. The AASM guidelines do not support the medical necessity of CPAP for mild OSA. Therefore, the request for CPAP machine is not medically necessary.