

Case Number:	CM13-0033638		
Date Assigned:	12/18/2013	Date of Injury:	06/10/2002
Decision Date:	02/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 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 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:

This 51-year-old man presented with his wife for breathing problems. The patient was exposed to poison oak smoke in 2002 and was hospitalized with respiratory distress. Ever since that time, he has had respiratory complaints. These complaints have been increased at night with disrupted sleep, which the patient attributes to his breathing problems. Sleep apnea was documented in 2004 and he was unable to tolerate continuous positive airway pressure (CPAP). He had a strong positional factor and had only mild OSA documented on 05/10/2011 with an AHI of 7. At that point, he was predominately treated with positional therapy. He has now just completed a repeat sleep study on 08/19/13. He is now demonstrating moderate obstructive sleep apnea, which is significantly worse in supine sleep. There were only 2 REM cycles, both of which were nonsupine. He was snoring in all positions. The patient is describing significant daytime fatigue and sleepiness. He goes to bed at 10 PM and gets up at 7 AM. He has had witnessed snoring and gasping at night, even on his side and off his back. His problems have all progressed since his initial injury in 2002. Despite complaints of asthma at night, the patient does not have abnormalities noted on his complete pulmonary function study. He has normal complete function evaluation as well as normal baseline arterial blood gasses on room air.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Continuous Positive Airway Pressure (CPAP) therapy with heated humidity:
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 Indications and Standards for Use of Nasal Continuous Positive Airway Pressure (CPAP) in Sleep Apnea Syndromes This Official ATS Statement Was Adopted By The A'ps Board Of Directors, March 1994. Am J Respir Crit Care Med Vol 150, pp 1738-1745, 1994

Decision rationale: CPAP is effective in the treatment of patients with clinically important obstructive sleep apnea/hypopnea syndrome. Treatment is indicated when there is documented sleep- related apnea/hypopnea and evidence of clinical impairment as noted in this patient with moderate obstructive sleep apnea (OSA).