

Case Number:	CM13-0044968		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2011
Decision Date:	03/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Maryland. 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 58-year-old male who reported injury on 03/08/2011. The mechanism of injury was not provided. The patient's total weight was noted to be 307 pounds. The patient was noted to ambulate with a moderate limp. The patient was noted to have probable obesity with possible sleep apnea and a family history of pulmonary hypertension. The documentation dated 08/13/2013 the patient underwent an overnight polysomnogram split. The patient's body mass index was noted to be 48 and the patient's was noted to have an Epworth sleepiness scale of 18. The patient was noted to have moderate overall obstructive sleep apnea, there were noted to be severe obstructive apneas/hypopneas during REM sleep with mild disease, NREM sleep, and there was noted to be a successful CPAP titration at 12 cm of water and periodic leg movements. The patient's oxygen saturation was noted to be recorded at 94% with positive airway pressure titration. It was indicated that the patient should lose weight along with nightly use of CPAP and upon weight loss a repeat overnight sleep study would be performed to reassess the severity of the disease and CPAP pressure requirements would be beneficial. The patient was noted to have periodic leg movements. The physician's request was noted to be for a CPAP machine and a [REDACTED] for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-PAP Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous Positive Airways Pressure for the Treatment of Obstructive Sleep Apnea in Adults and Children," as MTUS and ODG do not address the issue.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Giles TL, Lasserson TJ, Smith B, White J, Wright JJ, Cates CJ. Continuous positive airways pressure for obstructive sleep apnea in adults. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD001106.

Decision rationale: Per Giles TL, Lasserson, et. al., (2006) "CPAP is effective in reducing symptoms of sleepiness and improving quality of life measures in people with moderate and severe obstructive sleep apnea (OSA). It is more effective than oral appliances in reducing respiratory disturbances in these people but subjective outcomes are more equivocal." The patient was noted to have severe obstructive apnea/ hypopnea during REM sleep with mild disease and the patient was noted to have moderate overall obstructive sleep apnea, with desaturations to 94 %. The clinical documentation submitted for review failed to provide the patient had trialed and exhausted lower levels of care, including trying to lose weight previously. The request was noted to be concurrent with a weight loss program request. Given the lack of documentation of previous trials to lose weight and trial lower levels of care, the request for a CPAP machine is not medically necessary.

██████████ for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the National Guideline Clearinghouse entitled, "Diagnosis and Treatment of Adult Degenerative Joint Disease of the Knee."

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wing, Rena R & Phelan, Suzanne. Long-term weight loss maintenance. Am J Clin Nutr 2005 82: 222S-225.
<http://ajcn.nutrition.org/content/82/1/222S.full>

Decision rationale: Per Wing, et. al. (2005) "Findings from the registry suggest six key strategies for long-term success at weight loss: 1) engaging in high levels of physical activity; 2) eating a diet that is low in calories and fat; 3) eating breakfast; 4) self-monitoring weight on a regular basis; 5) maintaining a consistent eating pattern; and 6) catching "slips" before they turn into larger regains...Initiating weight loss after a medical event may also help facilitate long-term weight control". The clinical documentation submitted for review failed to provide the patient was self monitoring his weight on a regular basis and engaging in high levels of physical activity as well as eating a diet that was low in calories and fat. Given the above, the request for a ██████████ for 6 weeks is not medically necessary.