

Case Number:	CM13-0058857		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2005
Decision Date:	10/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 Neurosurgery 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 60 year old male injured on 04/29/05 as a result of continuous trauma throughout his period of employment. Claim submitted on 10/25/05 indicates continuous trauma, from 1984 through 10/2005 including gastrointestinal issues. The injured worker underwent right knee surgery and complained of persistent pain in the bilateral knees as well as low back, mid back, and neck. Sleep and sexual dysfunction were noted as well as gastrointestinal symptoms. The injured worker was on blood pressure medications, anti-inflammatories, and proton pump inhibitors. Diagnoses following cardiac workup included esophageal reflux, hypertension, and irritable bowel syndrome. It was believed that all were aggravated by his employment. The injured worker was diagnosed with significant high frequency hearing loss of both ears and tinnitus related to noise exposure. The injured worker was also diagnosed with depressive disorder, pain disorder, sleep and sexual dysfunction which were noted to be 90% industrial related. An Agreed Medical Examination (AME) on 11/26/13 revealed a 59 year old male who was 112 lbs. above his ideal body weight, eyes that revealed hypertensive changes, widely split second heart sound consistent with right bundle branch block, and an otherwise normal physical examination. Echocardiogram showed hypertensive wall thickening to 1.18. Pertinent negative is H.Pylori breath test was normal. Electrocardiogram showed abnormal left axis deviation and complete right bundle branch block. Chest x-ray showed borderline heart size. Pulmonary function tests were normal. The diagnoses included hypertension and esophageal reflux on agreed medical examination performed on 11/26/13. The clinical note dated 12/11/13 indicates the injured worker reports increase in bilateral knee pain with colder weather, right greater than left. The injured worker also reports pain is 7-8/10 with a reduction in pain to 4-5/10 with the use of Tramadol. The patient's activities of daily living improved including walking, standing, sitting; however, they remain limited secondary to pain.

The documentation indicates the injured worker is to proceed with Synvisc #1 of 3 to the right knee and tolerated the procedure well. The documentation indicated the patient reports GI symptoms persist and required an increase in Prilosec dose and possible GI consult. Medications include Tramadol 50mg 1-2 tablets Q 6 hours PRN, Omeprazole 20mg BID, and Lorazepam. AME reports the injured worker has known sleep apnea and wears a mask which helps. His Epworth score is 11. The request for retrospective 12 day rental of C-pap device between 11/12/12 - 10/12/13, retrospective request for 2 day rental of a C-pap device date of service 08/12/12, retrospective request for 1 humidifier heated used with C-pap date of service 08/12/12, retrospective request for 1 rental of a C-pap device date of service 07/12/12, retrospective request for 1 nasal interface used with C-pap devices with or without head strap date of service 07/12/12, retrospective request for 1 tubing used with C-pap device date of service 07/12/12, retrospective request for 1 head gear used with C-pap device date of service 07/12/12, and retrospective request for 1 filter disposable used with C-pap device date of service 07/12/12 was non-certified conditionally based on a lack of documentation on 11/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 12 MONTH RENTAL OF A CPAP DEVICE BETWEEN 11/12/12-10/12/13: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective 12 month rental of a C-pap device between 11/12/12 - 10/12/13 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 2 MONTH RENTAL OF A CPAP DEVICE, DOS: 8/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's

apnea. The injured worker's Epworth score is 11. As such, the retrospective request for 2 month rental of a CPAP device, DOS: 8/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 1 HUMIDIFIER, HEATED, USED WITH CPAP, DOS: 8/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for one humidifier, heated, used with CPAP, DOS: 8/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 1 MONTH RENTAL OF A CPAP DEVICE, DOS: 7/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for 1 month rental of a CPAP device, DOS: 7/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 1 NASAL INTERFACE USED WITH CPAP DEVICES, WITH OR WITHOUT HEAD STRAP, DOS: 7/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for 1 nasal interface used with CPAP device, DOS: 7/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 1 TUBING USED WITH CPAP DEVICE, DOS: 7/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for 1 tubing used with CPAP device, DOS: 7/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 1 HEADGEAR USED WITH CPAP DEVICE, DOS: 7/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for 1 headgear used with CPAP device, DOS: 7/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR 1 FILTER, DISPOSABLE, USED WITH CPAP DEVICE, DOS: 7/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for one filter, disposable, used with CPAP device, DOS: 7/12/12 is recommended as medically necessary based on the updated documentation provided.

RETROSPECTIVE REQUEST FOR ONE (1) FILTER, NON DISPOSABLE, USED WITH CPAP DEVICE, DOS: 7/12/12: Overturned

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 Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic), Noninvasive positive pressure ventilation (NPPV)

Decision rationale: As noted in the Agreed Medical Examination performed on 11/26/13, the patient has a known history of sleep apnea requiring a mask which improves the injured worker's apnea. The injured worker's Epworth score is 11. As such, the retrospective request for 1 month rental of a CPAP device, DOS: 7/12/12 s recommended as medically necessary based on the updated documentation provided.