

Case Number:	CM14-0101947		
Date Assigned:	07/30/2014	Date of Injury:	11/08/2011
Decision Date:	11/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 District of Columbia and Virginia. 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:

This is a 57 year old patient who sustained injury on Nov 8 2011. He had issues with pain in both knees and received a cortisone injection in the right knee. It was recommended, by [REDACTED] on Oct 10 2013, that he have ice, anti-inflammatories and self-directed stretching and strengthening exercises. MRI of the right knee on Nov 1 2013 showed a medial meniscus tear with grade 3-4 chondromalacia and patellar tendinosis. The patient was then recommended to have physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Positive Airway Pressure (CPAP) Titration Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT FOR WORKER'S COMPENSATION- PAIN PROCEDURE SUMMARY(UPD 5/15/14) POLYSOMNOGRAPHY.APOLLO MANAGED CARE: CONTINUOUS POSITIVE AIRWAY PRESSURE FOR OBSTRUCTIVE SLEEP APNEA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) polysomnogram with CPAP titration; Other Medical Treatment Guideline or Medical Evidence:

<http://www.ncbi.nlm.nih.gov/pubmed/9302725>

<http://www.aasmnet.org/resources/clinicalguidelines/040210.pdf>

Decision rationale: ODG addresses Polysomnography but not CPAP titration. Per ODG, the criteria for these tests include the following: 1) excessive daytime somnolence; 2) cataplexy brought on by excitement or emotion virtually unique to narcolepsy; 3) morning headache when other causes have been ruled out; 4) intellectual deterioration without suspicion of organic dementia; 5) personality change not secondary to medications, cerebral mass or known psychiatric problems; 7) insomnia complaints for at least 6 months at least four nights a week unresponsive to behavior intervention and sedative sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring without 1 of the above symptoms is not recommended. The patient was not noted to have issues with sleep disturbances. The patient did have a sleep study which showed obstructive breathing but this was not a current study. Therefore, there is no indication for CPAP titration at this time.