

<b>Case Number:</b>	CM14-0105957		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation, 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 50-year-old female who reported an injury on 03/07/2013. The mechanism of injury was not stated. The current diagnosis is obstruction of the airway during sleep. A request for authorization was submitted on 06/23/2014 for the immediate emergency medical treatment of an obstructive airway oral appliance to be worn during sleep or as needed. A preliminary examination report was also submitted on 06/23/2014. It was noted that the attending provider reviewed the assessment and findings of the primary treating physician. Due to the industrial injury/exposure, the injured worker may have gained weight, attributing to the obstruction of the upper airway during sleep. The injured worker was utilizing medication on an industrial basis that may have caused side effects such as obstruction of the airway during sleep. The injured worker underwent a polysomnographic respiratory study, where it was objectively documented that the injured worker had obstruction of the airway consisting of 12 episodes of obstructive apnea, 39 episodes of obstructive hypopnea, and an apnea/hypopnea index of 19 episodes of major obstruction of the air occurring every hour. Following examination, it was determined that the injured worker required treatment with an obstructive airway oral appliance as recommended by the primary treating physician on an industrial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Immediate Medical Treatment of an Obstructive Oral Airway Appliance to be Replaced As Needed Due to Normal Wear and Tear or Loss: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aasmnet.org/Resources/clinicalguidelines/OSA\\_Adults.pdf](http://www.aasmnet.org/Resources/clinicalguidelines/OSA_Adults.pdf).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Gale DJ, Sawyer RH, Woodcock A, Stone P, Thompson R, O'Brien K. US National Library of Medicine National Institutes of Health. Do oral appliances enlarge the airway in patients with obstructive sleep apnoea? A prospective computerized tomographic study. Eur J Orthod. 2000 Apr; 22."This study evaluated the effect of an anterior mandibular positioning appliance (AMPA) on minimum pharyngeal cross-sectional area (MPCSA) in 32 conscious supine obstructive sleep apnoea (OSA) subjects. In conclusion, the AMPA significantly increased MPCSA, suggesting that it may be an effective therapy for OSA. There was, however, a wide but unpredictable individual variation of response. As a small number of patients may worsen in their condition with temporary mandibular advancement (TMA), it is essential that all patients treated with TMA should be investigated by polysomnography both before and after treatment."

**Decision rationale:** According to a study performed by the U. S. National Library of Medicine and National Institute of Health, oral appliances may be an effective therapy for obstructive sleep apnea. However, there is a wide, unpredictable, individual variation of response and a small number of patients may worsen in their condition. As per the documentation submitted, the provider notes that the injured worker requires treatment with an obstructive airway oral appliance secondary to obstructive sleep apnea. However, there is no indication as to how the injured worker will respond to the use of an oral appliance and whether the injured worker will be compliant with the device to warrant consideration for future replacement. Therefore, the current request for an obstructive oral airway appliance to be replaced on an as needed basis cannot be determined as medically appropriate. As such, the request is non-certified.