

Case Number:	CM14-0109761		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2007
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Nevada. 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 records presented for review indicate that this 47 year-old male was reportedly injured on 07/30/2007. The most recent progress note, dated 07/09/2014, indicates that there were ongoing complaints of neck pain, bilateral shoulder pain, low back pain, and left knee pain. The physical examination is handwritten and states; cervical spine positive tenderness to palpation of cervical paraspinal muscles with spasm. Decreased range of motion with pain. Bilateral shoulders: positive tenderness to palpation posterior aspect, for a range of motion. Lumbar spine: positive tenderness to palpation of the lumbar paraspinal muscles, decreased range of motion in all ranges with pain. Left knee: no tenderness to palpation, full range of motion. Patient ambulates with antalgic gait and guards back while walking. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request had been made for CPAP machine purchase and sleep study, and was not certified in the pre-authorization process on 06/16/2014.

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) Machine purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care: Continuous Positive Airway Pressure (CPAP) for OSA

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: The Merck Manual. Obstructive Sleep Apnea: Sleep Apnea.

Decision rationale: CA MTUS and ODG guidelines do not specifically address the use of a CPAP machine. Therefore, alternative medical references were used for citation. A CPAP or continuous positive airway pressure is a particular type of ventilation therapy. It is used to maintain a continuous level of positive air pressure in a spontaneously breathing patient. It uses mild air pressure to keep in airway open and is typically used for people who have breathing problems such as sleep apnea. After review the medical records provided there was insignificant documentation provided by the treating physician to justify the use of this medical equipment. Therefore, this request is deemed not medically necessary.

Sleep 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 last updated 05/15/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic). Sleep study. Updated 10/6/2014.

Decision rationale: Polysomnograms(sleep studies) are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the 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 one of the above mentioned symptoms, is not recommended. After review the medical records provided, the injured worker did not meet the criteria for this diagnostic study according to the above stated guidelines. Therefore this request is deemed not medically necessary.