

Case Number:	CM14-0012556		
Date Assigned:	02/21/2014	Date of Injury:	04/20/2009
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male with a reported date of injury on 04/20/2009. The mechanism of injury was not provided with the documentation available for review. According to the clinical information provided for review, the claimant presented with complaints of insomnia, weight gain, lower back pain, and developing emotional stress. The claimant underwent a left ankle arthroscopy in 09/2009 and status post left ankle repair in 10/2009. According to the documentation presented for review, the claimant attended psychotherapy sessions of unknown duration. Within the documentation, the physician noted the claimant's diagnoses included abdominal pain, acid reflux, constipation, hypertension, hiatal hernia, and mild fatty liver, cephalgia, sleep apnea, orthopedic diagnosis and psychiatric diagnosis. The claimant's medication regimen included Dexilant and simethicone. Within the documentation dated 02/12/2014, the physician noted the claimant was seen for sleep medicine evaluation on 08/27/2013. However, the results were not provided within the documentation available for review. The respective request for 2 months rental of a CPAP device, 04/15/2013 and 05/15/2013 was submitted on 01/30/2014. The rationale for the request was not provided within the documentation available for review

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 2 MONTH RENTAL OF A CPAP DEVICE
4/15/2013 AND 5/15/2013: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse.

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: Lauren J. Epstein, MD, et al., (2009). Clinical Guide for Evaluation, Management, and Long Term Care of Obstructive Sleep Apnea in Adults. Journal of Clinical Sleep Medicine, Volume 5, Pages 263 to 267.

Decision rationale: In a study authored by Epstein, et al., it was noted positive air pressure may be delivered in continuous (CPAP), bi-level (BPAP), or autotitrating (APAP) modes. Partial pressure reduction during expiration (pressure relief) can also be added to these modes. Positive air pressure applied through a nasal, oral, or oronasal interface during sleep is the preferred treatment for obstructive sleep apnea. CPAP is indicated for the treatment of moderate to severe obstructive sleep apnea and mild sleep apnea as an option. CPAP is also indicated for improving self-reported sleepiness, improving quality of life, and as an adjunctive therapy to lower blood pressure in hypertensive patients with obstructive sleep apnea. The study noted a full night attended PSG performed in the laboratory is the preferred approach for titration to determine the optimal positive air pressure level; however, split night, diagnostic titration studies are usually adequate. APAP devices are not currently recommended for split night titration. Certain APAP devices may be used during attended titration with PSG to identify a single pressure for use with standard CPAP for treatment of moderate to severe obstructive sleep apnea. In this case, there is a lack of documentation provided for review regarding the previous use of the CPAP device. In addition, there is a lack of documentation related to the sleep study or sleepiness scale. According to the documentation provided for review the employee has utilized the CPAP for an unknown duration, there is a lack of therapeutic benefit related to previous use. Also, the results of the sleep medicine evaluation on 08/27/2013 were not provided for review. Therefore, the retrospective request for 2 months rental of a CPAP device (4/15/2013 and 5/15/2013) is not medically necessary and appropriate.