

Case Number:	CM14-0013199		
Date Assigned:	02/24/2014	Date of Injury:	09/23/2009
Decision Date:	07/10/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 56-year-old female who reported an injury on 09/23/2009. The mechanism of injury was data entry. Her diagnoses were noted to be depression, chronic pain, cervical spondylosis without myelopathy, lumbar spondylosis with myelopathy, and sleep disturbance. The injured worker reported pain to her neck, shoulder, upper arm, elbow, forearm, and her hand and upper back. She rated the pain at 9/10 and described it as a constant stabbing, burning, and sharp pain. The injured worker had prior treatment, including physical therapy, biofeedback, aqua therapy, and Butrans pain patch. The efficacy of these treatments is not documented. Upon physical examination the injured worker had tenderness to the paravertebral muscles, spasms along the lumbar spine were present, her range of motion was restricted, and motor strength was 4/5 in all major muscle groups. The injured worker had slight weakness compared to a prior evaluation in November, her sensation was grossly intact, and her deep tendon reflexes were normal and symmetrical. The treatment plan included replacement supplies including a hose and mask for a CPAP machine and an order for home care 4 hours per day, 5 days per week. A Request for Authorization for replacement supplies including a hose and mask for a CPAP machine and an order for home care 4 hours per day, 5 days per week was dated 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 4 HOURS PER DAY X 5 DAYS A WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for home health care 4 hours per day x 5 days a week is denied. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services for patients who are home-bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. At the time of the last evaluation on 01/02/2014, the injured worker was reportedly in physical therapy. The injured worker did report, in a clinical evaluation on 12/19/2013 that she had increased difficulty in taking care of her personal activities, including the household chores and cooking. According to the documentation submitted, the injured worker does not meet the criteria under the Chronic Pain Medical Treatment Guidelines for home health services. Therefore, the request for home health care 4 hours per day x 5 days a week is denied.

REPLACEMENT SUPPLIES OF HOSE AND MASK FOR C-PAP MACHINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Obstructive Sleep Apnea in Adults Policy Number 0004.

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: The request for replacement supplies of hose and mask for c-pap machine is denied. In a study authored by [REDACTED], it was noted positive air pressure may be delivered in continuous (CPAP), bi-level (BPAP), or auto-titrating (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. The injured worker

does not have a diagnosis of sleep apnea. Therefore, a replacement of hose and mask would not be medically necessary. The request for replacement supplies of hose and mask is denied.