

Case Number:	CM14-0017182		
Date Assigned:	04/14/2014	Date of Injury:	06/12/2010
Decision Date:	05/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pulmonary Diseases 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 57-year-old male who reported an injury on 06/12/2010. The mechanism of injury was not stated. The current diagnoses include reactive airway disease, obstructive sleep apnea, history of cardiac arrhythmia, hyperlipidemia, GERD, and hypothyroidism. The injured worker was evaluated on 04/01/2013. It is noted that the injured worker underwent a sleep study in 09/2012 and was diagnosed with obstructive sleep apnea. The injured worker has utilized a CPAP machine. The injured worker reported occasional episodes of difficulty breathing, as well as an irregular heart rate. Physical examination revealed normal findings with the exception of tenderness of the musculoskeletal system. The treatment recommendations at that time included CPAP supplies on a regular basis every 3 to 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP SUPPLIES EVERY 3-6 MONTHS: 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 (OBSTRUCTIVE SLEEP APNEA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

Decision rationale: CPAP is as treatment that delivers slightly pressurized air during the breathing cycle to keep the windpipe open during sleep and prevent episodes of blocked breathing in patients with obstructive sleep apnea and other breathing problems. It is noted that the injured worker has previously undergone a sleep study, and has been diagnosed with obstructive sleep apnea since 09/2012. While it is noted that the injured worker may require CPAP supplies, the current request for CPAP supplies every 3-6 months is excessive and cannot be determined as medically appropriate. Therefore, the request is not medically necessary.