MAXIMUS Federal Services

Case Number:	CM14-0019752		
Date Assigned:	04/28/2014	Date of Injury:	05/22/2008
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 55 year old male whose date of injury is 05/22/2008. On this date the injured worker was involved in a motor vehicle accident. Treatment to date includes medication management, cortisone injections, epidural steroid injections and physical therapy. The injured worker is noted to present with diabetes, high blood pressure, elevated cholesterol and heartburn. The injured worker underwent a sleep study on 08/02/12 with Apnea-Hypopnea Index (AHI) of 24. Diagnosis is sleep apnea. There was a request for CPAP titration. This titration resulted in a conclusion that CPAP therapy at 8 cm was needed. It was also reported that this should be re-evaluated clinically. Progress report dated 01/08/14 indicates the injured worker complains of pain in the left shoulder, neck and low back. The injured worker was recommended to undergo left shoulder arthroscopy with subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP MACHINE FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Head Chapter, Sleep Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head Chapter, Sleep Aids.

Decision rationale: Based on the clinical information provided, the request for CPAP machine for purchase is not recommended as medically necessary. The submitted records indicate that the injured worker was previously authorized for a Continuous Positive Airway Pressure (CPAP) trial; however, there is no indication that the injured worker has completed the trial. A trial of CPAP is necessary prior to purchase of the unit as it cannot be determined if the injured worker will utilize the machine or response to the machine or if he will require alternative treatment. The request is not medically necessary and appropriate.