

Case Number:	CM14-0122484		
Date Assigned:	09/16/2014	Date of Injury:	08/23/2007
Decision Date:	11/18/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/04/2014

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, has a subspecialty in 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 56-year-old male who reported an injury on 08/23/2007. The mechanism of injury involved a fall. The current diagnoses include loss of consciousness, right shoulder strain, GERD, lumbar spine strain, headaches, chronic rib pain, diabetes, moderate to severe OSA, and hypertension. Previous conservative treatment is noted to include medication management, physical therapy, massage therapy, paraffin bath treatment, and TENS therapy. The injured worker was evaluated on 08/06/2014. The injured worker reported increased eye discharge, pain, swelling, redness, increased GERD, excessive sweating, blurry vision, chest pain, right shoulder pain, right upper extremity weakness, increased headaches, low back pain, and right lower extremity pain. The physical examination revealed decreased range of motion of the right shoulder, weakness of the right upper extremity, decreased range of motion of the right wrist, and pain with range of motion of the right wrist. It is noted that the injured worker underwent a polysomnogram study on 08/09/2012, which indicated moderate obstructive sleep apnea. The current medication regimen includes Buspar, Fioricet, Wellbutrin, hydrocodone, Dexilant, Hydroxyzine, Dicyclomine, lisinopril, metformin, Topamax, Novalog insulin, Enablex, aspirin, Lovaza, Gaviscon, docusate sodium, and Citrucel. Treatment recommendations at that time included a prescription for a new nasal CPAP mask, and a home CPAP unit. A request for authorization was then submitted on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home auto CPAP for life and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. J Clin Sleep Med 2009 Jun 15;5(3):263-76. PubMed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines did not specifically address the requested DME. Official Disability Guidelines did not specifically address the requested DME. www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 09 Oct 2014. CPAP stands for "continuous positive airway pressure."

Decision rationale: According to the U.S. National Library of Medicine, CPAP is a treatment that delivers slightly pressured air during the breathing cycle, which keeps the wind pipe during sleep and prevents episodes of blocked breathing in patients with obstructive sleep apnea. As per the documentation submitted, the injured worker underwent a polysomnogram study in 2012, which reportedly indicated obstructive sleep apnea. The official study was not provided for this review. It was documented in 10/2013, the injured worker was issued a CPAP machine. It was again noted on the requesting date of 08/06/2014, the injured worker currently has a home CPAP machine with equipment. The medical necessity for an additional machine with supplies has not been established. As such, the request is not medically appropriate.

Neuropsychological testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Page 397.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Cornerstones of Disability Prevention and Management. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a significant abnormality that would warrant the need for neuropsychological testing at this time. The injured worker's symptoms appear stable and consistent with the current clinical findings without any evidence of cognitive deficits or the need to determine functional status. As the medical necessity has not been established, the request is not medically appropriate.

