

Case Number:	CM14-0135899		
Date Assigned:	09/03/2014	Date of Injury:	09/29/2011
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of September 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and reported diagnosis with moderate-to-severe obstructive sleep apnea, per the claims administrator. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for a CPAP device. The claims administrator's documentation was internally inconsistent and, at times, contradictory. The claims administrator suggested that the applicant was a severely obese individual with a BMI of 40 and apparently had undergone a CPAP titration study suggesting that the CPAP controlled the applicant's snoring and resulted in a normalization of the applicant's apnea-hypopnea index and/or oxygen saturation levels. The actual polysomnogram report of May 3, 2014 was notable for moderate severe obstructive sleep apnea. A CPAP report of June 7, 2014 suggested that the applicant's sleep apnea had normalized with a water pressure of 9-15 cm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home CPAP #9- 15cm/H20: Overturned

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

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: Citation: Kushida CA; Chediak A; Berry RB; Brown LK; Gozal D; Iber C; Parthasarathy S; Quan SF; Rowley JA; Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine. Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea. J Clin Sleep Med 2008;4(2):157-171. CPAP (IPAP and/or EPAP for patients on BPAP) should be

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, CPAP (pressure) should be increased until obstructive respiratory events such as apneas, hypopneas, snoring, and/or arousals are eliminated. In this case, the CPAP titration study did suggest that the aforementioned obstructive respiratory events did resolve at a water pressure of 9-15 cm. Therefore, the request is medically necessary.