

Case Number:	CM14-0169583		
Date Assigned:	10/17/2014	Date of Injury:	03/29/2011
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 64-year-old male who reported an injury on 03/29/2011 due to an unknown mechanism. The injured worker had a total hip replacement on 12/19/2011. The diagnoses were severe obstructive sleep apnea, significant oxygen desaturations, sleep maintenance insomnia, lack of REM sleep, lack of restorative delta sleep, and light snoring. The injured worker had a polysomnograph/sleep staging study on 08/11/2014 that revealed findings consistent with severe obstructive sleep apnea and hypopnea. There was light snoring and significant oxygen desaturations. The sleep study also revealed difficulty initiating and maintaining sleep. It took the injured worker 22 minutes to fall asleep. From lights out to lights on it appeared the injured worker slept for 15% of the night. Stages 1 and 2 of sleep were achieved. The injured worker slept in the supine position. Light snoring was observed. Moderate apneas and hypopneas were noted. CP O2 showed significant oxygen desaturations; the lowest desaturation was 86%. The study also showed periodic limb movements during sleep, but mostly associated with sleep disorder breathing. Bruxism was also noted. The treatment plan was for a CPAP titration study and a 1 year follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Titration study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.merckmanuals.com/professional/sec05/ch061/ch061b.html?qt=sleep>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine: <http://www.sleepeducation.com/disease-management/cpap-titration-study/overview>

Decision rationale: The decision for CPAP titration study is medically necessary. The California Medical Treatment Utilization Schedule Guidelines, ACOEM, and Official Disability Guidelines do not directly address this request. According to the American Academy of Sleep Medicine, a CPAP titration study is a type of in lab sleep study used to calibrate continuous positive airway pressure (CPAP) therapy. CPAP is a common treatment used to manage sleep related breathing disorders including obstructive sleep apnea, central sleep apnea, and hypoventilation and hypoxemia. Once you are diagnosed with 1 of these disorders, you may need a CPAP study before you can begin treatment. In some cases, members of the sleep team may perform a CPAP titration study on the same night as an in lab sleep study. This is known as a split night sleep study. The CPAP titration occurs in the second half of the night. This is usually only offered if the sleep apnea is severe and the diagnosis is clear. In more mild cases, the CPAP titration study may occur after a physician reviews the results of the in lab sleep study. The physician will decide if and when you need to come in for a CPAP study. Therefore, this request is medically necessary.

Follow-up (x 1 year): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

Decision rationale: The decision for follow-up (x1 year) is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the health care system through self-care as soon as clinically feasible. It was not reported in a rationale why the injured worker would need a 1 year follow-up appointment. The medical guidelines state that office visits are based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is a lack of documentation detailing a clear indication for a 1 year follow-up appointment. There were no other significant factors provided at this time to support a 1 year follow-up office appointment. Therefore, this request is not medically necessary.

