

Case Number:	CM14-0025185		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2006
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 43-year-old who sustained an injury on May 23, 2006. No specific mechanism of injury was noted. The injured worker was primarily followed for orthopedic complaints, however due to weight gain the injured worker was evaluated on December 3, 2013 in regards to a sleep study. It appeared the injured worker had previous sleep studies in 2010 which were reported to show findings of hypopnea. This study was not provided for review. The injured worker reported insomnia complaints. Epworth sleep scale was 19 which was significant for daytime somnolence and chances of dozing. The findings from the split night polysomnography study on November 21, 2013 noted apnea hypopnea index of 42 with oxygen saturation at 86%. Sleep latency was elevated at 52.9 minutes. Sleep efficiency was low. Titration portion of the study showed sleep latency improved 2.7 minutes with oxygenation up to 98.7%. Architecture of sleep was improved. The injured worker was recommended for a trial of a continuous positive airway pressure (CPAP) machine to determine its long term efficacy. This was denied on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHILLIPS RESPIRONICS REMSTAR PRO MODEL, WITH PRESSURE OF 11, AND C-FLEX SETTING OF 3 QTY: 1.00: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012.

Decision rationale: In regards to the request for the recommended continuous positive airway pressure (CPAP) unit, this reviewer would recommend this request as medically necessary. It is noted in the prior denial that there was no association of respiratory compromise to the industrial injury. There was insufficient evidence for medical necessity. The clinical documentation submitted for review noted that due to weight gain the injured worker had further difficulty with sleeping. The clinical documentation from the sleep study clearly identified obstructive sleep apnea that was substantially improved with the CPAP machine. Given the clear efficacy obtained with the use of a CPAP machine a split polysomnography study, the request for phillips respironics remstar pro model continuous positive air pressure (cpap) machine is medically necessary and appropriate.