

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0031048 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 07/27/2005 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 02/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2014 |

### 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 New York. 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 claimant is a 50 y/o male who sustained an industrial injury on 07/27/2005. The mechanism of injury was not provided for review. His diagnoses include hypertension and atrial fibrillation s/p ablation. On exam his blood pressure was 140/89, cardiac exam revealed an irregularly irregular heart rate and there was +2 peripheral edema. He is maintained on medical therapy. The treating provider has requested a CPAP titration study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP Titration Study:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines History & Physical Examination Page(s): 6.

**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: Medscape Internal Medicine: Obstructive Sleep Apnea 2012

**Decision rationale:** Most common type of sleep apnea and is caused by obstruction of the upper airway. It is characterized by repetitive pauses in breathing during sleep, despite the effort to breathe, and is usually associated with a reduction in blood oxygen saturation. These pauses in

breathing, called "apneas" , typically last 20 to 40 seconds. There is no documentation provided indicating the patient has a diagnosis of obstructive sleep apnea and in addition there is no correlation between the possible diagnosis and the work injury. There is no indication for a CPAP titration. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.