MAXIMUS Federal Services

Case Number:	CM14-0042066		
Date Assigned:	06/30/2014	Date of Injury:	12/31/1983
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on December 31, 1983. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of neck pain and left knee pain. The injured employee has completed seven of eight aquatic therapy visits and noted symptom relief for two days. The physical examination demonstrated tenderness along the cervical spine muscles with spasms and a positive compression test to the right side. There was decreased cervical spine range of motion. Examination of the left knee noted tenderness at the medial greater than lateral joint line and patellofemoral crepitus with range of motion. There was a positive McMurray's test. Continued aquatic therapy was recommended as well as an ultrasound of the left knee. Diagnostic nerve conduction studies showed a normal electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities. A request was made for a full-face mask for positive airway pressure, a water chamber humidifier for positive airway pressure device, and an eleven-month rental for a continuous airway pressure device and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Full face mask for positive airway pressure between 9/13/2013 and 9/13/2013: 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 http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/.

Decision rationale: According to the attached medical record, there is a stated history of sleep apnea but this diagnosis does not appear to be explored. There is no apparent documentation regarding current or past treatment for sleep apnea. Additionally, information is required regarding this request. Therefore, this request for a full-face mask for a positive airway pressure device is not medically necessary.

Retrospective 1 water chamber for humidifier used with positive airway pressure device between 9/13/2013 and 9/13/2013: 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 http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/.

Decision rationale: According to the available medical record, there is a stated history of sleep apnea but this diagnosis does not appear to be explored. There is no apparent documentation regarding current or past treatment for sleep apnea. Additionally, information is required regarding this request. Therefore, this request for a water chamber for humidifier to use with a positive airway pressure device is not medically necessary.

Retrospective 11 month rental for continuous airway pressure device between 3/22/2013 and 1/22/2014: 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 http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/.

Decision rationale: According to the attached medical record, there is a stated history of sleep apnea but this diagnosis does not appear to be explored. There is no apparent documentation regarding current or past treatment for sleep apnea. Additionally, information is required regarding this request. Therefore, this request for an eleven-month rental of a continuous airway pressure device is not medically necessary.