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| Case Number: | CM14-0048215 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/22/2007 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 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 patient on 9/4/14 was noted by her M.D. to have lumbar pain, bilateral iliolumbar and SI enthesopathy, bilateral trochanteric bursitis, S1 radiculopathy, s/p lumbar surgery, and right bicipital tendinitis with right subacromial bursitis, and right shoulder capsulitis. An internal medicine consult on 7/8/14 noted that a sleep study had documented obstructive sleep apnea and that the patient had a Epworth sleep scale on 6/24 showing mild sleepiness. On 2/12/14 the neurologist who was monitoring the sleep apnea noted that she had moderate to severe OSA per a 7/25/09 polysomnogram test and that she was on home CPAP. He requested replacement CPAP mask tubing, filter and head gear. However, the UR rejected this on 3/21/14 stating that the patient already had a CPAP machine with all the necessary accessories and that the M.D. had not documented malfunction of the present equipment and that automatic replacement was not necessary unless a functional need could be documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home CPAP machine and accessories for life treatment for obstructive sleep apnea (mask, tubing, filter and headgear): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.UpToDate.com - review of sleep apnea

Decision rationale: Obstructive sleep apnea is diagnosed by polysomnagraphy and is secondary to increased frequency of obstructive apneic events and hypopneas due to repetitive collapse or narrowing of the upper airways during sleep and results in daytime symptoms such as sleepiness and fatigue. Other symptoms which are often manifest are waking up holding one's breath, gasping, or choking. Often snoring and breathing interruptions are noted by one's partner during sleep. Sequela of sleep apnea are the development of HBP, mood disorders, CAD, CVA, CHF, A fib, and DM. The CPAP machine is the mainstay treatment for this condition. In this particular patient there is no contention as to the diagnosis for sleep apnea or the need for CPAP at home to provide treatment. However, the disagreement is about the need to replace current equipment. We note that the M.D. does request replacement but does not describe current malfunctioning of the present equipment or difficulty with utilization by the patient. Therefore this request is not medically necessary.