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| <b>Case Number:</b>   | CM14-0054312 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 03/02/2009 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 04/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2014 |

### 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 Otolaryngology 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 50-year-old male who reported an injury on 03/02/2009. The mechanism of injury was a fall. The sleep study on 02/27/2014 revealed the injured worker's AHI index was 5.3, and the lowest oxygen saturation was 90%. The injured worker underwent a full night study on 03/26/2014, which revealed the injured worker had mild obstructive hypopneas with moderate exacerbation and rapid eye movement sleep, and had mild oxygen desaturations. The injured worker had sleep onset and maintenance insomnia. As such, the physician opined the treatment plan included CPAP or wearing a dental appliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP and head gear:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Rational Clinical Examination - Does this patient have sleep apnea? The Rational Clinical Examination Systematic Review, Myers, Mrkobrado, Journal of American Medical Association [www.ncbi.nlm.nih.gov/pubmed/20411691](http://www.ncbi.nlm.nih.gov/pubmed/20411691) <http://emedicine.medscape.com/article/295807-overview> Obstructive Sleep Apnea, Downey.

**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:<http://jama.jamanetwork.com/article.aspx?articleid=1730517>.

**Decision rationale:** Per the Journal of the American Medical Association Online, nocturnal gasping or choking is the most reliable indicator of obstructive sleep apnea. The clinical definition of obstructive sleep apnea is the apnea hypopnea index (API) of greater than 5 to 15 per hour is mild obstructive sleep apnea. The clinical documentation submitted for review indicated the injured worker had an API of 5.3, which correlated with mild obstructive sleep apnea. There was a lack of documentation indicating the injured worker had utilized a lower level of treatment including an oral appliance prior to necessitating utilizing a CPAP machine. Additionally, a secondary source, Giles, TL, et. al. (2006) indicated CPAP is effective in reducing symptoms of sleepiness and improving quality of life measures in people with moderate and severe obstructive sleep apnea (OSA). It is more effective than oral appliances in reducing respiratory disturbances in these people but subjective outcomes are more equivocal. Certain people tend to prefer oral appliances to CPAP where both are effective. This could be because they offer a more convenient way of controlling OSA. Short term data indicate that CPAP leads to lower blood pressure than control. Long term data are required for all outcomes in order to determine whether the initial benefits seen in short term clinical trials persist. The request as submitted failed to indicate the type of CPAP machine that was being requested and specifics on the type of headgear that was being requested. Given the above, the request for CPAP and headgear is not medically necessary and appropriate.

**monthly rental charges and tubing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the CPAP machine was not medically necessary, the requested ancillary services are not medically necessary.

**water chamber and nasal mask:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the CPAP machine was not medically necessary, the requested ancillary services are not medically necessary.

**filters:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the CPAP machine was not medically necessary, the requested ancillary services are not medically necessary.