

Case Number:	CM14-0058477		
Date Assigned:	07/09/2014	Date of Injury:	12/17/2009
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational 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:

According to the records made available for review, this is a 42-year-old male with a 12/17/09 date of injury, and status post left shoulder superior labral tear from anterior to posterior lesion repair (undated). At the time (3/21/14) of request for authorization for Continuous Positive Airway Pressure (CPAP), there is documentation of subjective (6/10 left shoulder pain, 6/10 cervical spine pain, 7/10 lumbar spine pain, and sleep disturbance) and objective (moderate distress, difficulty with rising from sitting, antalgic gait, and moves with stiffness) findings, current diagnoses (displacement of intervertebral disc without myelopathy), and treatment to date (medications (including Hydrocodone and Zanaflex). There is no documentation of a Polysomnography and any of the following symptoms: excessive daytime sleepiness, or impaired cognition or mood disorders; or hypertension; or ischemic heart disease or history of stroke; or cardiac arrhythmias; or pulmonary hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Positive Airway Pressure (CPAP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Continuous Positive Airway Pressure (CPAP) for the Treatment of Obstructive Sleep Apnea in Adults and Children, and Related Devices for the Treatment of Obstructive Sleep Apnea in Adults".

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guidelines identify documentation of either of the following criteria on polysomnography [1. Apnea Hypopnea Index (AHI) or a Respiratory Disturbance Index (RDI) greater than or equal to 15 events per hour; OR 2. AHI (or RDI) greater than or equal to 5, and less than 15 events per hour with documentation demonstrating any of the following symptoms: Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, (e.g., during driving, conversation or eating) or sleepiness that interferes with daily activities; or Impaired cognition or mood disorders; or Hypertension; or Ischemic heart disease or history of stroke; or Cardiac arrhythmias; or Pulmonary hypertension], as criteria necessary to support the medical necessity of continuous positive airway pressure (CPAP). Within the medical information available for review, there is documentation of a diagnosis of displacement of intervertebral disc without myelopathy. In addition, there is documentation of sleep disturbance. However, there is no documentation of a Polysomnography and any of the following symptoms: excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, or sleepiness that interferes with daily activities; or Impaired cognition or mood disorders; or Hypertension; or Ischemic heart disease or history of stroke; or Cardiac arrhythmias; or Pulmonary hypertension. Therefore, based on guidelines and a review of the evidence, the request for Continuous Positive Airway Pressure (CPAP) is not medically necessary.