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| Case Number: | CM14-0063390 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/18/2008 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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:

The injured worker filed a claim for chronic pain syndrome, post-traumatic headaches, major depressive disorder, anxiety, carpal tunnel syndrome, and alleged obstructive sleep apnea reportedly associated with an industrial injury of January 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; carpal tunnel release surgery and trigger finger release surgery on February 3, 2014; and apparent provision of a CPAP device at one point in time. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for replacement CPAP device, citing lack of supporting information on the part of the treating provider. The applicant apparently presented with a host of complaints, including headaches, stomach upset, breathing difficulty, anxiety, depression, and wrist pain following carpal tunnel release surgery. The applicant was placed off of work, on total temporary disability, for additional six weeks. MRI imaging of the head was endorsed, along with 12 additional sessions of physical therapy. The attending provider sought authorization for a new CPAP machine on the grounds that the applicant's current machine needed proper cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

New CPAP Machine: 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 American Academy of Sleep Medicine (AASM).

Decision rationale: The MTUS does not address the topic. The American Academy of Sleep Medicine (AASM) suggests discussing the necessity of cleaning the CPAP equipment with the applicant. In this case, the information provided did not outline a clear or compelling case for replacement of the CPAP device and/or provision of a new machine. It is not clearly stated why the applicant's old machine could not be employed after the requisite cleaning/disinfection was performed. Therefore, the request is not medically necessary.