

Case Number:	CM14-0066555		
Date Assigned:	07/11/2014	Date of Injury:	08/28/2009
Decision Date:	10/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 patient is a 58-year-old female who has submitted a claim for cervical sprain, lumbar sprain/strain, and adhesive capsulitis of shoulder associated with an industrial injury date of August 28, 2009. Medical records from 2013-2014 were reviewed. The patient complained of neck, upper back, and bilateral shoulder pain. There was burning sensation in her neck and back area. Physical examination showed tender paravertebral muscles of the cervical spine. Range of motion was restricted. For both shoulders, range of motion was decreased in all directions. Positive impingement sign was noted bilaterally. Elbow examination showed tenderness of both lateral epicondyles. Lumbar examination showed paravertebral tenderness and restricted range of motion. Sleep study done on November 15, 2013 showed mild obstructive sleep apnea syndrome. Official report of the study was not available. Treatment to date has included medications and activity modification. Utilization review, dated April 11, 2014, denied the request for CPAP machine because there was no subjective nor objective findings that identified the claimant was being treated for sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP (Continuous Positive Airway Pressure) machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, DME

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Section, Sleep Aids Other Medical Treatment Guideline or Medical Evidence: AIM Specialty Health Sleep Disorder Management Diagnostic & Treatment Guidelines January 2014

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that sleep aids are recommended. Depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. The AIMS guidelines for treatment with CPAP includes home or lab based sleep study that demonstrates one of the following: AHI (apnea/hypopnea index) greater than or equal to 15 or AHI 5-14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke; and determination of CPAP level. In this case, the patient was noted to have a history of sleep apnea. Sleep study done on November 15, 2013 showed mild obstructive sleep apnea syndrome. However, results of the sleep evaluation did not include the AHI or therapeutic CPAP level. There is no documentation of patient symptoms and functional impairment secondary to OSA. Additional information as stated above is needed before evaluation for CPAP machine can be performed. Therefore, the request for CPAP (Continuous Positive Airway Pressure) machine is not medically necessary.