

Case Number:	CM14-0078582		
Date Assigned:	07/18/2014	Date of Injury:	12/13/2011
Decision Date:	10/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 55-year-old male with date of injury of 12/13/2011. The listed diagnoses per [REDACTED] from 04/21/2014 are: Hypertension, newly diagnosed with left ventricular hypertrophy; severe sleep apnea disorder; Irritable bowel syndrome; history of asthma; history of hemorrhoids with bright red blood per rectum. According to this report, the patient has been taking Cozaar 25 mg daily. He reports that he has been tracking his blood pressure. The patient states that he has been having difficulty getting his CPAP supplies. He complains of palpitations and denies any PND or orthopnea. The physical examination shows the expiratory phase is within normal limits. Cardiovascular exam reveals regular rate and rhythm without murmur, gallop, or click. The abdomen is soft, non tender, and without hepatosplenomegaly or masses. The utilization review denied the request on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Supplies: Overturned

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 Other Medical Treatment Guideline or Medical

Evidence: Obstructive Sleep Apnea and treatments: AETNA guidelines.
(http://www.aetna.com/cpb/medical/data/1_99/0004.html)

Decision rationale: This patient presents with hypertension and sleep apnea. The provider is requesting CPAP supplies. The MTUS, ACOEM, and ODG Guidelines do not address this request. However, Aetna Guidelines on Obstructive Sleep Apnea in Adults states that Aetna considers CPAP or autoPAP medically necessary DME for members with a positive facility-based nocturnal polysomnography or with a positive home sleep test including type 2, 3, 4, or Watch-PAT devices as defined by either of the following criteria: 1. Apnea-hypopnea index or respiratory disturbance index is greater than or equal to 15 events/hour with a minimum of 30 events; or 2. AHI or RDI greater than or equal to 5 and less than 15 events/hour with a minimum of 10 events and at least one of the following is met: Documented history of stroke; Documented hypertension; Documented ischemic heart disease; Symptoms of impaired cognition, mood disorders, or insomnia; Excessive daytime sleepiness; Greater than 20 episodes of oxygen desaturation during a full night sleep study, or any one episode of oxygen desaturation. The 04/21/2014 report notes that the patient's breath sounds are symmetrical. There are no rhonchi or rales. The expiratory phase is within normal limits. The reports from 12/04/2013 to 04/21/2014 do not document any CPAP use. None of the reports show a facility-based nocturnal polysomnography or a positive home sleep test. The provider does not discuss the patient's apnea-hypopnea index or AHI or respiratory disturbance index. However, it would appear that the patient does present with a diagnosis of sleep apnea, although whether or not this was properly diagnosed with proper testing is not known. The provider also mentions that the patient has difficulty getting the supplies indicating that the patient has a CPAP machine. Recommendation is for authorization of the supplies so that the patient can continue to use the machine that was already provided. Such as, CPAP Supplies is medically necessary.