

Case Number:	CM13-0028475		
Date Assigned:	11/27/2013	Date of Injury:	09/04/1997
Decision Date:	04/02/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 73-year-old [REDACTED] employee who has filed a claim for obstructive sleep apnea (OSA) reportedly associated with an industrial injury of September 4, 1997. In a Utilization Review Report dated September 30, 2013, the claims administrator failed to approve requests for a lifetime supply of CPAP mask, filters, humidifiers, and associated supplies. The claims administrator referenced a progress note of March 20, 2012 in its determination. The claims administrator contended that the applicant had already received a year of CPAP supplies on April 26, 2012. The claims administrator contended that the attending provider failed to document the applicant's response to and/or compliance with the CPAP device before requesting a lifetime supply of the same. On March 20, 2012, the applicant was given a renewal of CPAP supplies. The applicant's pulse ox on room air was 95%. The applicant was using nasal CPAP and was reportedly tolerating the same, it was suggested. On September 20, 2014, the applicant was described as having severe, known obstructive sleep apnea. The attending provider stated that the applicant was being effectively managed with nasal CPAP machine. The applicant was asked to continue a nasal CPAP device. The attending provider stated that the applicant had lost some small amount of weight. The attending provider contended that the CPAP device was ameliorating the applicant's daytime somnolence and overall energy levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lifetime Supply of CPAP Mask And Supplies (disp filters, non-disp filters, humid chamber, chin strap): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Obstructive Sleep Apnea, Dental Policy Bulletin Number: 018.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine 4.4.7.1 PAP usage should be objectively monitored to help assure utilization (Standard). 4.4.7.2 Troubleshooting of problems encountered while on PAP, management of side effects, and methods to increase adherence should be a part of the close follow-up of the patient on PAP (Standard).

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), PAP usage should be objectively monitored to help assure utilization. Applicants should periodically follow up to discuss problems encountered while on CPAP device (if any), etc. Furnishing the applicant with a lifetime's worth of CPAP supplies, thus, runs counter to AASM principles and parameters as it did not contain a proviso to re-evaluate the applicant periodically so as to ensure a favorable response to ongoing usage of the CPAP device. Therefore, the request for a lifetime's worth of CPAP supplies was not medically necessary.