

Case Number:	CM14-0109311		
Date Assigned:	08/01/2014	Date of Injury:	10/21/2010
Decision Date:	04/09/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 62 year old male, who sustained an industrial injury on 10/21/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include severe obstructive sleep apnea on continuous positive airway pressure (CPAP), post traumatic head syndrome, cervical spine and lumbar spine radiculopathy, bilateral carpal tunnel syndrome with the right greater than the left, probable cysticercosis, peripheral neuropathy, right shoulder tear, and status post-surgery. Treatment to date has included electromyogram with nerve conduction study, use of continuous positive airway pressure, use of wrist splint, medication regimen, physical therapy to the right shoulder, and magnetic resonance imaging of the brain. In a progress note dated 06/25/2014 the treating provider reports feeling depressed, daytime drowsiness, cervical spine pain, insomnia, swollen right shoulder with pain, low back pain that travels to the right lower extremity, dizziness, blurred vision, pain radiating to the upper extremity, headaches, right rib pain, left knee pain , and left hand pain. The treating physician requested continuous positive airway pressure (CPAP) supplies noting the current use of a new continuous positive airway pressure. On 07/08/2014 Utilization Review non-certified the requested treatment (CPAP) continuous positive airway pressure supplies (headgear, chinstrap, filter, humidifier, chamber, tubing mask, continuous positive airway pressure supplies tubing, and nasal pillows times two, noting the Official Disability Guidelines-Treatment In Workers' Compensation, Online Edition, Chapter: Head (updated 03/22/2012).

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Supplies (headgear, chinstrap, filter, humidifier, chamber, tubing, mask, CPAP tubing, and nasal pillows x2): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Head, Sleep aids. Anthem Blue Cross Clinical UM Guidelines CG-DME-27, Non-invasive positive pressure respiratory assist device (BiPAP)Replacement Schedules for Medicare Continuous Positive Airway Pressure <https://oig.hhs.gov/oei/reports/oei-07-12-00250.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dave NB, et al. Initiation of positive airway pressure therapy for obstructive sleep apnea in adults. Topic 7677, version 17.0. UpToDate, accessed 03/29/2015. Weaver T, et al. Adherence with continuous positive airway pressure (CPAP). Topic 7702, version 18.0. UpToDate, accessed 03/29/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bilevel (BiPAP), while asleep is often helpful. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted and reviewed documentation concluded the worker suffered from severe obstructive sleep apnea and had required treatment with CPAP since 2011. These records suggested improved adherence with treatment with the use of nasal pillows, at type of mask sometimes used in this treatment. These supplies need to be replaced periodically. For these reasons, the current request for two sets of continuous positive airway pressure (CPAP) unit supplies (headgear, chinstrap, filter, humidifier, chamber, tubing mask, and nasal pillows) is medically necessary.