MAXIMUS Federal Services

Case Number:	CM14-0129155		
Date Assigned:	08/18/2014	Date of Injury:	08/07/2006
Decision Date:	07/31/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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: North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 08/07/06. Initial complaints and diagnoses are not available. Treatments to date include neck and back surgery, medications, home exercises, and epidural steroid injections. Diagnostic studies include MRIs of the cervical and lumbar spine as well as the right shoulder. Current complaints include neck, bilateral shoulder, low back and left knee pain. Current diagnoses include left shoulder sprain/strain, right rotator cuff syndrome, and left knee joint pain. In a progress note dated 02/11/14 the treating provider reports the plan of care as continued current medications, neurological and pain management consultations, aquatic therapy, home exercises, and a urine drug screen. On the date of service a computerized range of motion and muscle test was also performed. The requested treatment includes a continuous positive airway pressure machine. .

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP machine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date, sleep apnea, CPAP.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The up-to date guidelines on sleep apnea states that CPAP is an accreted treatment option for this diagnosis. A review of the provided medical documentation does not show the patient to have this diagnosis as related to industrial incident. There would be no other indication for this treatment based on the clinical documentation. Therefore, the request is not medically necessary.