

<b>Case Number:</b>	CM14-0184389		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52 year old male who had a work place injury on 04/09/10. He was being treated for lumbar radiculopathy, right knee chondromalacia patella, and cervical radiculopathy. His previous treatment included physical therapy, chiropractic therapy, medications and activity modification. His progress note from 06/13/14 was reviewed. He may have gained weight due to the industrial injury. He had a polysomnographic respiratory study that showed 272 episodes of obstructive apnea, 85 episodes of obstructive hypopnea and an apnea/hypoapnea index of 67 episodes of major obstruction of airflow occurring every hour. The plan of care was oral appliance, nasal dilator, CPAP treatment and dental treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP machine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Obstructive Sleep Apnea in Adults, Number: 0004, Policy, Continuous Positive Airway Pressure (CPAP)

**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: Management of obstructive sleep apnea, [www.uptodate.com](http://www.uptodate.com)

**Decision rationale:** According to the above article, OSA is diagnosed if there are 15 or more predominantly obstructive respiratory events per hour of sleep. The treatment of choice is positive airway pressure. The American Academy of Sleep Medicine recommends offering positive airway pressure therapy to all patients who have been diagnosed with OSA. Since the employee had been diagnosed with OSA, the request for CPAP machine is medically necessary and appropriate.