

<b>Case Number:</b>	CM14-0197043		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain, carpal tunnel syndrome, and upper extremity pain secondary to cumulative trauma at work, first claimed on December 10, 2010. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a request for CPAP titration. The claims administrator seemingly suggested that the applicant did not have issues with obstructive sleep apnea, which would compel the proposed CPAP titration procedure. In a handwritten note dated August 2, 2014, the applicant reported ongoing complaints of bilateral hand and wrist pain. The applicant placed off of work, on total temporary disability, while Voltaren and Neurontin were renewed. The applicant was asked to consult a psychiatrist for intermittent psychiatric issues. The note was very difficult to follow. In an another handwritten note of December 22, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing issues with wrist and hand pain. On May 1, 2014, the applicant reported ongoing complaints of hand and wrist pain status post earlier carpal tunnel release surgery. The remainder of the file was surveyed. Many of the progress notes in the file were sparse, handwritten, difficult to follow, not entirely legible, and did not establish the presence of an active diagnosis of sleep apnea, although it did not appear that the October 21, 2014 RFA form on which the article in question was sought was seemingly incorporated into the independent medical review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Positive Airway Pressure Titration: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Polysomnography, Sleep aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM) Clinical Guidelines for Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea

**Decision rationale:** The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) notes that titration should be conducted by increasing CPAP water pressure until obstructive respiratory events are eliminated or the recommended maximum CPAP pressure is reached, in this case, however, the applicant does not appear to carry an established diagnosis of obstructive sleep apnea for which a CPAP titration would be indicated. The handwritten progress notes on file provided did not establish the presence of sleep apnea. It was not clearly stated how the diagnosis of sleep apnea had been arrived upon. There was no mention made of the applicant carrying a diagnosis of obstructive sleep apnea on several of the handwritten progress notes surveyed above. Therefore, the request is not medically necessary.