

Case Number:	CM14-0200259		
Date Assigned:	12/10/2014	Date of Injury:	03/30/2011
Decision Date:	01/28/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency 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:

This 59 year old male sustained a work related injury on 03/30/2011. According to an Agreed Panel Qualified Medical Evaluation dated 08/05/2014, the injury occurred from cumulative trauma. Current complaints included episodes of irregular heart beat and palpitations which could occur at rest and with exercise. It would last for a few seconds and then dissipate. He had no history of angina, use of nitroglycerin or chest pain. According to documentation, two years ago a skin cancer was removed from the left side of his face. He was seen annually by his dermatologist and was due for a current follow up. According to the provider, the injured worker stepped into a pothole and twisted and injured his right knee 6 months ago and had swelling of the right patella. He had recurrent swelling of his right knee. According to the provider, the injured worker had no problems with toileting, dressing, eating, grooming, communication, standing, walking, sitting, lying, stairs, sensory function, grasping, lifting, tactile discrimination and travel. According to documentation the injured worker would occasionally awakens from sleep which he attributed to being restless. He reported taking an occasional nap. He occasionally falls asleep while watching TV and does not fall asleep while talking to individuals. His wife reported that he had episodes of snoring and episodes where he stopped breathing. He had been feeling increasing fatigue during the day and was not sure if it was due to lack of sleep. He was taking naps on a frequent basis. He would also fall asleep while he was a passenger in a vehicle on a frequent basis. The injured worker's Epworth Score was noted to be a 12 which correlated with Class 2 impairment. Diagnoses included history of hypertension, hypercholesterolemia, basal cell carcinoma left cheek nodular type, history of cardiac arrhythmia, history of sleep/arousal disorder, status post colonoscopy with polyps removed and history of injury with recurrent swelling of his right knee arising out of and during the course of his employment. According to the review of medical records, the injured worker underwent a

sleep study in 2012 which revealed mild obstructive apnea and no therapy was recommended. The provider noted that he would await confirmation with the polysomnogram and consideration of a multiple sleep latency test at which time a final rating would be issued. Prior sleep study results were not submitted for review. On 11/03/2014, Utilization Review non-certified Continuous Positive Air Pressure (CPAP) that was requested on 10/27/2014. According to the Utilization Review physician, the provider discussed the sleep apnea evaluation and treatment. The injured worker was not interested at the time. "There was also no data included to reach a conclusion for the use of continuous positive airway pressure." The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head: Sleep Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Head (trauma, headaches, etc., not including stress & mental disorders).

Decision rationale: The requested CPAP, is not medically necessary. CA MTUS is silent and ODG, Head Chapter, sleep aids recommends aids for clinically appropriate conditions. The injured worker has frequent episodes of snoring and naps. The treating physician has documented mild obstructive apnea. The treating physician has not documented the medical necessity for this device for obstructive apnea rated only as mild. The criteria noted above not having been met, CPAP is not medically necessary.