

Case Number:	CM14-0209441		
Date Assigned:	12/22/2014	Date of Injury:	05/07/2011
Decision Date:	02/18/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 56-year old male with date of injury 5/7/11. Polysomnographic report dated 8/13/14 (19) indicates that the patient complained of restless sleep and snoring. Polysomnographic results revealed that sleep efficiency was reduced at 71%, sleep architecture slightly abnormal with an increase in stage II non-REM sleep to 87%. No slow-wave, and only 11% REM sleep. There was evidence of moderate obstructive sleep apnea, particularly in REM sleep with a respiratory disturbance index of 22 events per sleep hour during REM and desaturations as low as 90%. A follow-up polysomnogram with CPAP titration was conducted on 9/26/14 (192) with results that revealed that sleep efficiency was 85%, sleep architecture was slightly abnormal with a reduction in slow-wave sleep to 6% and an increase in stage II non-REM sleep to 65%, but there was 20% REM sleep. Positive airway pressure was applied at 5 and then increased to 6. On CPAP of 6, he was able to obtain REM sleep in the supine position of 25 minutes and RDI was 2.2. Prior treatment history includes x-rays, MRI, electro diagnostics, surgery, work restrictions, medications, PT, LES injections with limited documented sustained functional benefit. The current diagnoses are: -Obstructive sleep apnea, moderate-Polysomnogram with positive airway pressure-Hypertension, hyperlipidemia, and diabetesThe utilization review report dated 11/20/14 (205) denied the request for CPAP device, Heated Humidifier, Nasal Mask, Disposable Filter, Heated Tubing, and Non-Disposable Filter (year) based on MTUS. The Voluntary Appeal dated 12/5/14 (23) upheld the original UR decision based on American College of Physicians, Pulmonary Medicine plus General Internal Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Device: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <Aetna, Obstructive Sleep Apnea in Adults, Treatment, CPAP>
http://www.aetna.com/cpb/medical/data/1_99/0004.html

Decision rationale: The patient presents with obstructive sleep apnea. The current request is for the purchase of a CPAP Device. The MTUS and ODG guidelines do not address CPAP devices. The Aetna, Obstructive Sleep Apnea in Adults, treatment guidelines state: "It is expected that members receive lifestyle advice where applicable (i.e., helping people to lose weight, stop smoking and/or decrease alcohol consumption). Aetna considers CPAP or autoPAP medically necessary DME for members with a positive facility-based NPSG*, or with a positive home sleep test* including Type II, III, IV (A) or Watch-PAT devices, as defined by either of the following criteria: Member's apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) is greater than or equal to 15 events/hour with a minimum of 30 events." In this case, the treating physician report dated 8/13/14 (19) has documented the patient's AHI as 16 events/hour and his RDIs as 17 event/hour. The total number of events recorder were 75. Therefore, recommendation is for authorization.

Heated Humidifier: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <Aetna, Obstructive Sleep Apnea in Adults, Treatment, CPAP>

Decision rationale: The patient presents with obstructive sleep apnea. The current request is for a Heated Humidifier for use with a CPAP device. The Aetna, Obstructive Sleep Apnea in Adults, treatment guidelines state, "The following accessories and supplies are considered medically necessary for members who meet criteria for positive airway pressure devices: Chinstrap, Disposable or non-disposable filters, Full face mask with positive airway pressure device, Headgear, Heated or non-heated humidifier, Nasal interface (mask or cannula type) for positive airway pressure device, Oral interface for positive airway pressure device, Replacement cushions and pillows for nasal application device, Replacement interface for full face mask, Tubing for heated or non-heated humidifier." In this case, the treating physician report dated 8/13/14 (19) has documented the medical necessity for a CPAP device. Therefore, recommendation is for authorization of the heated humidifier that is used with the CPAP device.

Nasal Mask: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <Aetna, Obstructive Sleep Apnea in Adults, Treatment, CPAP>

Decision rationale: The patient presents with obstructive sleep apnea. The current request is for a Nasal Mask for use with a CPAP device. The Aetna, Obstructive Sleep Apnea in Adults, treatment guidelines state, "The following accessories and supplies are considered medically necessary for members who meet criteria for positive airway pressure devices: Chinstrap, Disposable or non-disposable filters, Full face mask with positive airway pressure device, Headgear, Heated or non-heated humidifier, Nasal interface (mask or cannula type) for positive airway pressure device, Oral interface for positive airway pressure device, Replacement cushions and pillows for nasal application device, Replacement interface for full face mask, Tubing for heated or non-heated humidifier." In this case, the treating physician report dated 8/13/14 (19) has documented the medical necessity for a CPAP device. Therefore, recommendation is for authorization of the nasal mask that is used with the CPAP device.

Disposable Filter: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <Aetna, Obstructive Sleep Apnea in Adults, Treatment, CPAP>

Decision rationale: The patient presents with obstructive sleep apnea. The current request is for a Disposable Filter for use with a CPAP device. The Aetna, Obstructive Sleep Apnea in Adults, treatment guidelines state, "The following accessories and supplies are considered medically necessary for members who meet criteria for positive airway pressure devices: Chinstrap, Disposable or non-disposable filters, Full face mask with positive airway pressure device, Headgear, Heated or non-heated humidifier, Nasal interface (mask or cannula type) for positive airway pressure device, Oral interface for positive airway pressure device, Replacement cushions and pillows for nasal application device, Replacement interface for full face mask, Tubing for heated or non-heated humidifier." In this case, the treating physician report dated 8/13/14 (19) has documented the medical necessity for a CPAP device. Therefore, recommendation is for authorization of the disposable filter that is used with the CPAP device.

Heated Tubing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <Aetna, Obstructive Sleep Apnea in Adults, Treatment, CPAP>

Decision rationale: The patient presents with obstructive sleep apnea. The current request is for Heated Tubing for use with a CPAP device. The Aetna, Obstructive Sleep Apnea in Adults, treatment guidelines state, "The following accessories and supplies are considered medically necessary for members who meet criteria for positive airway pressure devices: Chinstrap, Disposable or non-disposable filters, Full face mask with positive airway pressure device, Headgear, Heated or non-heated humidifier, Nasal interface (mask or cannula type) for positive airway pressure device, Oral interface for positive airway pressure device, Replacement cushions and pillows for nasal application device, Replacement interface for full face mask, Tubing for heated or non-heated humidifier." In this case, the treating physician report dated 8/13/14 (19) has documented the medical necessity for a CPAP device. Therefore, recommendation is for authorization of the heated tubing that is used with the CPAP device.

Non Dispensable Filter: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: <Aetna, Obstructive Sleep Apnea in Adults, Treatment, CPAP>

Decision rationale: The patient presents with obstructive sleep apnea. The current request is for a Non Dispensable Filter for use with a CPAP device. The Aetna, Obstructive Sleep Apnea in Adults, treatment guidelines state, "The following accessories and supplies are considered medically necessary for members who meet criteria for positive airway pressure devices: Chinstrap, Disposable or non-disposable filters, Full face mask with positive airway pressure device, Headgear, Heated or non-heated humidifier, Nasal interface (mask or cannula type) for positive airway pressure device, Oral interface for positive airway pressure device, Replacement cushions and pillows for nasal application device, Replacement interface for full face mask, Tubing for heated or non-heated humidifier." In this case, the treating physician report dated 8/13/14 (19) has documented the medical necessity for a CPAP device. Therefore, recommendation is for authorization of the non dispensable filter that is used with the CPAP device.