

Case Number:	CM14-0042998		
Date Assigned:	06/30/2014	Date of Injury:	05/03/2012
Decision Date:	02/25/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 46-year-old woman with a date of injury of December 15, 2012. The mechanism of injury occurred as the IW was lifting a client, approximately 200 pounds, with one assistant. She sustained injury to her right shoulder/arm and right elbow. Current working diagnoses include right shoulder rotator cuff syndrome, right shoulder impingement synvisc. The IW has had physical therapy, prescription medications and activity modification. She continued to complain of right shoulder pain and arm pain. She also complains of head pain, abdominal pain, and anxiety/depression and sleep residuals. On physical examination of the shoulder, she had clicks and popping. She had an MRI January of 2013, the results were not documented. The IW underwent a Polysomnogram on January 27, 2017. Epworth Sleepiness Scale Score: 23, Body Mass Index: 31.6, and Pittsburgh Sleep Quality Index: Very poor. Documentation indicated that since the work related injury, the IW has gained 10 pounds and developed a sleep problem. She has been taking sleep medication to help alleviate her condition. Impression of the study: The test findings are consistent with mild REM related obstructive hypopneas. Significant oxygen desaturations. Minimal restorative slow wave sleep. Latency to sleep onset was longer than expected at 51.0 minutes (Normally 10-20 minutes) indicating difficulty falling asleep. Latency to REM onset was premature at 46.0 minutes (Normally 90-120 minutes). Sleep efficiency was reduced at 63.5% (Normally 85-99%) due to long latency to sleep onset and episode of wake after sleep onset (WASO). A second study dedicated to CPAP may be beneficial. Recommendations include positive airway pressure, mandibular dental splints or surgical intervention. There were further recommendations indicating that weight reduction to

BMI of 27 would be beneficial. For sleep hygiene, avoiding alcohol, caffeinated beverages and nicotine prior to bedtime is advised. There was no documentation that the IW had any sleep hygiene or exercise recommendations. The treating physician is requesting authorization for CPAP Titration-Re-Titration Study.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP (Continuous Positive Airway Pressure) titration/re-titration study: 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)- Chapter on Pain- Treatment for insomnia, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Polysomnography. Other Medical Treatment Guideline or Medical Evidence: Journal of Clinical Sleep Medicine, <http://www.aasmnet.org/resources/clinicalguidelines/040210.pdf>. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, Official Disability Guidelines and the Journal of Clinical Sleep Medicine, CPAP (continuous positive airway pressure) titration/re-titration study is not medically necessary. The criteria for polysomnography/sleep study are enumerated in the Official Disability Guidelines. The clinical guidelines for manual titration of positive airway pressure in patients with obstructive sleep apnea are available in the attached link. The ACOEM states "occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". In this case, the injured worker injured her right shoulder on December 2012. She has undergone physical therapy, prescription medication use and activity modification. The injured worker had a complaint of insomnia or sleep apnea and was referred for a sleep study. A request for consultation was approved with a caveat that the sleep study physician should first address sleep hygiene and exercise prior to any sleep studies at this time. Any additional treatments, studies or medications would need to be requested separately by the sleep study physician. A polysomnography was performed on January 27, 2014. This was consistent with significant oxygen desaturation. The sleep study physician recommended positive airway pressure or mandibular dental splints. There is no documentation in the medical record that the treating physician tried any of the conservative measures. Additionally, there was no consultation report from the sleep study physician. Consequently, absent an attempt with the conservative measures enumerated above, CPAP titration/re-titration study is not medically necessary.