

<b>Case Number:</b>	CM15-0009121		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 48 year old female, who sustained an industrial injury on August 21, 2008. She has reported pain of the left ankle, bilateral shoulders, lower back, neck bilateral hips, and left knee, as well as depression. The diagnoses have included right ankle fracture, left hip bursitis, bilateral shoulder sprain/strain, lower back and neck sprain, and depression. Treatment to date has included multiple ankle surgeries, medications, physical therapy, and psychotherapy. Currently, the injured worker complains of gastroesophageal reflux disease and depression. The treating physician requested Continuous Positive Airway Pressure device with heated humidifier for an additional six months. She underwent hysterectomy on 9/12/14. The medication list include Norco, Xanax, Nuvigil. She has had a urine drug toxicology report on 11/25/14 that was positive for alprazolam. Per the doctor's note dated 11/25/14 patient had complaints of pain and swelling in bilateral ankle. Physical examination revealed swelling and limited range of motion of bilateral ankle. She was certified for 6 month trial for CPAP machine on 4/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment rental of CPAP and Heated Humidifier for 1 extra month:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary (updated 07/29/14) Noninvasive positive pressure ventilation (NPPV)

**Decision rationale:** Request: Durable Medical Equipment rental of CPAP and Heated Humidifier for 1 extra month Per the cited guidelines Noninvasive positive pressure ventilation (NPPV) is 'Recommended as indicated. Of value in resting the respiratory muscles in patients with COPD and ventilatory failure and may be useful as an adjunct in patients with severe COPD as part of a pulmonary rehabilitation program. (Ries, 2007) Of value in acute exacerbations of COPD but not recommended in the stable patient, with or without CO<sub>2</sub> retention. In these patients, there is no effect on dyspnea, exercise tolerance, arterial blood gases, respiratory muscle strength, or quality of life.' In addition per the cited guidelines 'Aetna considers CPAP 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) is greater than or equal to 15 events per hour with a minimum of 30 events; or AHI greater than 5 and less than 15 events per hour with a minimum of 10 events and at least one of the following is met: Documented history of stroke; or Documented hypertension (systolic blood pressure greater than 140 mm Hg and/or diastolic blood pressure greater than 90 mm Hg); or Documented ischemic heart disease; or Documented symptoms of impaired cognition, mood disorders, or insomnia; or Excessive daytime sleepiness (documented by either Epworth greater than 10 or Multiple Sleep Latency Test (MSLT) less than 6); or Greater than 20 episodes of oxygen desaturation (i.e., oxygen saturation of less than 85%) during a full night sleep study, or any one episode of oxygen desaturation (i.e., oxygen saturation of less than 70%).' Detailed history and examination regarding insomnia is not specified in the records provided. A detailed Sleep study report is not specified in the records provided. Details regarding other treatment for insomnia for at least 6 months is not specified in the records provided. Details regarding day time sleepiness are not specified in the records provided. Any evidence of COPD exacerbation is not specified in the records provided. She was certified for 6 month trial for CPAP machine on 4/15/14. The detailed response to 6 month trial for CPAP machine on 4/15/14 was not specified in the records provided. The medical necessity of the request for Durable Medical Equipment rental of CPAP and Heated Humidifier for 1 extra month is not fully established in this patient.