

<b>Case Number:</b>	CM15-0140113		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	11/04/2006
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 was a 53 year old female, who sustained an industrial injury, November 4, 2006. The injured worker previously received the following treatments psychotherapy, Klonopin, Buspar, sleep apnea machine, left knee arthroscopic surgery, left carpal tunnel surgery, right carpal tunnel surgery and CPAP (continuous positive airway pressure) machine. The injured worker was diagnosed with adjustment disorder, panic attacks, major depression, diabetes, hypertension, obesity, weight gain and obstructive sleep apnea. According to QME report of March 30, 2015, the injured worker's chief complaint was bilateral wrist pain, left worse than the right. The injured worker had bilateral knee pain, low back pain, weight and sleep. The recommendation of the reviewer was that the injured worker should receive a properly fitting sleep apnea mask. Suggested a different weight loss program, due to weight watcher was not working. The injured worker was using the CPAP machine a nighttime and was provided with a better fitting mask. The injured worker felt the CPAP had been helping a little. The injured worker was still experiencing headaches during the day. The injured worker was still having disturbed sleep at night. However the injured worker felt better rested. The physical exam noted the injured worker denied shortness of breath, sinus congestion, paroxysmal nocturnal dyspnea or chronic cough. The treatment plan included one continuous positive airway pressure mask.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous positive airway pressure mask:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Clinical presentation and diagnosis of obstructive sleep apnea in adults.

**Decision rationale:** This injured worker has a history of sleep difficulties and a diagnosis of sleep apnea. She is currently using CPAP with some improvement in her sleep. The request is for a CPAP mask but it is not clear the contributions that pain or current medications contribute to day time somnolence or difficulty sleeping related to pain. Additionally, there is not documentation that the worker's current mask is not sufficient and is not medically necessary. The records do not support the medical necessity for a CPAP mask.