

Case Number:	CM15-0190680		
Date Assigned:	10/02/2015	Date of Injury:	07/06/2011
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Dentist

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 29 year old male, who sustained an industrial injury on 7-6-11. The documentation on July 6, 2015 noted that the injured worker denied chest pain, shortness of breath and lower leg edema. The documentation noted improved blood pressure; however he had not received his medications due to being out of the country. The injured workers blood pressure was 150 over 90 and his weight was 355 pounds. Lungs were clear to auscultation. The diagnoses have included hypertension and abdominal pain. Treatment to date has included diovan and bystolic. The documentation on 6-22-15 noted that the injured worker had undergone objective diagnostic polysomnogram respiratory studies where it has been determined that the injured worker does indeed have nocturnal obstructions of the airway. It was objectively documented that the injured worker had 3 episodes of obstructive apnea and an apnea-hypopnea index of 1 episode of major obstruction of airflow occurring every hour. Electromyography studies were taken of the masseter, anterior temporalis sternocleidomastoid and trapezius muscles and confirmed elevated muscular activity, the in co-ordination and aberrant function of the facial musculature. Electrocardiogram on 4-30-15 showed sinus bradycardia and abnormal left axis deviation. The original utilization review (8-28-15) partially approved a request for immediate emergency medical treatment of obstructive airway oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate emergency medical treatment of obstructive airway oral appliance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Treat Options Neurol. 2014 Aug; 16(8):305. doi: 10.1007/s11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID: 24957654.

Decision rationale: Provided records reviewed indicate that this patient's blood pressure was 150 over 90 and his weight was 355 pounds and BMI of 55.6. [REDACTED] (Internal Medicine and Pain Management) has been diagnosed this patient with hypertension, abdominal pain, acid reflux, constipation and hemorrhoids, and sleep disorder. Also, it was objectively documented that patient had 3 episodes of obstructive apnea and an apnea-hypopnea index of 1 episode of major obstruction of airflow occurring every hour. Treating dentist is recommending treatment of obstructive airway oral appliance. Medical reference mentioned above states "For patients with mild OSA, other treatments may be considered including positional therapy, weight loss, or oral appliances". Therefore, based on the records reviewed, along with the findings and the medical reference mentioned above, this reviewer finds this request for Treatment of obstructive airway with oral appliance to be medically necessary.