

<b>Case Number:</b>	CM15-0222080		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 a year old male who sustained an industrial injury on 04-03-2009. A review of the medical records indicated that the injured worker is undergoing treatment for back and joint disorder, obesity, hypertension, obstructive sleep apnea and disorders of sleep and arousal. The injured worker is status post right knee arthroscopy in 05-2009. According to the treating physician's progress report on 02-15-2015, the injured worker was evaluated for sleep apnea and snoring. The injured worker has been using continuous positive airway pressure (CPAP) on a regular basis since approximately 2009 and he reports being more alert and less fatigued. The first part of the Split sleep study on 02-15-2015 was performed without CPAP noting evidence of obstructive sleep apnea, soft snoring and arousals. As pressures of continuous positive airway pressure (CPAP) were elevated to 12cm of water any residual obstructive sleep apnea and snoring were significantly reduced to within normal levels. Official treatment analysis of the Split study test and scoring was submitted in the medical review. On 01-14-2015, an examination demonstrated clear chest sounds, normal heart sounds, and soft tissue redundancy around the tonsillar pillars and a deviated septum. Prior treatments have included diagnostic testing, surgery, Synvisc injections right knee, Split sleep study on 02-15-2015, continuous positive airway pressure (CPAP) and medications. Current medications were listed as hydrochlorothiazide, potassium and cholesterol lowering agents. Treatment plan consists of the current request for CPAP Therapy Device (NPM-AirFit P10, NPM cushion-AirFit P1, head-gear, tubing, disposable filter, water chamber), purchase. On 10-13-2015 the Utilization Review determined the request for CPAP Therapy Device (NPM-AirFit P10, NPM cushion-AirFit P1, head-gear, tubing, disposable filter, water chamber), purchase was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP Therapy Device (NPM-Airfit P10, NPM cushion-Airfit P1, head-gear, tubing, disposable filter, water chamber), purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health and Human Services Replacement Schedules for Medicare Continuous Positive Airway Pressure Supplies. June 2013 OEI-07-12-00250.

**Decision rationale:** The claimant has a history of a work injury with date of injury in April 2009. While working as a Fire Captain, he began having difficulty sleeping with daytime fatigue and was diagnosed with obstructive sleep apnea. He was prescribed CPAP and continues to use the device. In January 2015, he had used it regularly and was substantially better with improved alertness and thinking. When seen, he was ambulating with a cane. He was referred for a sleep study. His body mass index was nearly 40. Supplies were no longer available for his current CPAP device. He underwent the sleep study in February 2015 and his CPAP was titrated and a new unit was provided. Authorization is being requested for replacement supplies. In this case, the claimant has industrially related obstructive sleep apnea and uses CPAP. The requested supplies are necessary for continued use and the replacement interval is within guideline recommendations. The request is medically necessary.