

Case Number:	CM15-0031438		
Date Assigned:	02/24/2015	Date of Injury:	02/17/2011
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for shoulder pain, headaches, neck pain, and abdominal pain reportedly associated with an industrial injury of February 17, 2011. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for a CPAP machine. The claims administrator alleged that the attending provider had failed to submit the results of a sleep study. A January 5, 2015 progress note was referenced in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 5, 2015, the applicant reported issues with reflux. The applicant was apparently using Dexilant for the same. The applicant was asked to employ Gaviscon and Zantac for breakthrough reflux. A CPAP machine was endorsed. The stated diagnoses were gastroesophageal reflux disease, irritable bowel syndrome, sleep apnea, and palpitations. In a December 17, 2014 progress note it was noted that the applicant had ongoing complaints of shoulder pain with ancillary complaints of sleep disturbance. The applicant's sleep disturbance was seemingly attributed to chronic pain concerns. The applicant had apparently undergone an EEG of October 2, 2014 demonstrating a medium-sized hiatal hernia, esophagitis, and gastritis. The remainder of the file was surveyed on several occasions. A sleep study report was not apparently included in the file. While the applicant's internist did request a CPAP machine on several occasions, including on October 16, 2014 and on November 10, 2014, the applicant's internist never documented the applicant's pulse oximetry in the clinic, nor did the applicant's internist identify how the diagnosis of sleep apnea had been arrived upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP machine: Upheld

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 Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine Positive airway pressure (PAP) devices are used to treat patients with sleep related breathing disorders (SRBDs), including obstructive sleep apnea (OSA). After a patient is diagnosed with OSA, the current standard of practice involves performing attended polysomnography (PSG), during which positive airway pressure is adjusted throughout the recording period to determine the optimal pressure for maintaining upper airway patency. Continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BPAP) represent the two forms of PAP that are manually titrated during PSG to determine the single fixed pressure of CPAP or the fixed inspiratory and expiratory positive airway pressures (IPAP and EPAP, respectively) of BPAP for subsequent nightly usage.

Decision rationale: No, the proposed CPAP machine was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) does acknowledge that CPAP devices do represent the current standard of practice for treating obstructive sleep apnea, in this case, however, the applicant's primary treating provider, an internist, failed to establish how (or if) the diagnosis of sleep apnea had been arrived upon. It was not clearly stated how the diagnosis was made. There was no mention of polysomnography results establishing the diagnosis in question. The requesting provider did not document the applicant's pulse oximetry on room air on multiple office visits, referenced above. Therefore, the request was not medically necessary.