

Case Number:	CM15-0031628		
Date Assigned:	02/25/2015	Date of Injury:	01/07/2009
Decision Date:	04/06/2015	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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 45 year old male, who sustained an industrial injury on January 7, 2009. He has reported injury to the cervical spine, bilateral shoulders, arms, and right leg. His diagnoses include sleep apnea. He has been treated with a sleep study in 2010 and continuous positive airway pressure (CPAP) nightly. On December 30, 2014, his treating physician reports trouble with sleep apnea. There were no respiratory findings on the physical exam. The treatment plan includes request for an ENT (ears, nose, and throat) consultation for a uvulopalatopharyngoplasty for sleep apnea. On January 20, 2015 Utilization Review non-certified a request for an uvulopalatopharyngoplasty, noting the lack of documentation to establish medical necessity. Non- Medical Treatment Utilization Schedule (MTUS) guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Uvulopalatopharyngoplasty: 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 Book Chapter, Sleep Apnea and Sleep Disorders Tamekia L. Wakefield, Derek J. Lam and Stacey L. Ishman Cummings Otolaryngology, 18, 252-270.

Decision rationale: The patient is a 45 year old male with a reported difficulty with sleep apnea. Recommendation was made for an ENT evaluation and certification for uvulopalatopharyngoplasty. Overall, there is insufficient medical documentation to clearly diagnose sleep apnea that would require surgical intervention. There has not been a sleep study or other evaluation documented; there has not been an evaluation by ENT documented. Therefore, surgical correction with a uvulopalatopharyngoplasty should not be considered medically necessary. From the reference, 'Because OSA is a multilevel, multifactorial problem that can occur in people with severe underlying morbidity, many treatment options exist to address it. Generally, it is recommended that treatment be approached in a stepwise manner and that it begin with conservative medical measures. In 2011, an interdisciplinary European Respiratory Society (ERS) task force evaluated the scientific literature for non-CPAP treatment options and made recommendations regarding therapies in OSA according to the standards of evidence-based medicine. Therefore, conservative management is recommended prior to surgical management. This has not been documented. Therefore, the request should not be considered medically necessary.