

<b>Case Number:</b>	CM15-0041756		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/20/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 (IW) is a 69-year-old male, who sustained an industrial injury on 08/20/2014. He was reported to have loss of consciousness for approximately 20 minutes followed by diagnosis of a subdural hematoma and post concussive syndrome. The injured worker was diagnosed as having a traumatic brain injury and a left subdural hematoma. Treatment to date has included surgical creation of a burr hole with placement of a subdural drain. The IW had continued weakness and mild cognitive impairment as well as expressive aphasia. Other diagnoses included the medical condition of obstructive sleep apnea. He is in a transitional care unit. A CPAP trial was started 08/28/ 2014 and the worker responded to it but the patient was noncompliant with CPAP and as of 11/12/2014, the implication was that he might need a formal sleep study. On 10/17/2015, a polysomnogram was conducted and obstructive sleep apnea was observed within the first 2 hours. A prescription was written for CPAP for lifetime use. A request was submitted for the following: CPAP filters, CPAP machine with humidifier x2 months, CPAP machine with humidifier: lifetime use, Chinstrap, Heated tubing, Mask with headgear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP machine with humidifier:lifetime use:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BCBS Corporate Medical Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition. 2011. 2. Medicare National Criteria, CPAP.

**Decision rationale:** The patient is a 69 year old male with a head injury on 08/20/2014. An [REDACTED] sleep study was done on 10/17/2014 that suggested obstructive sleep apnea. He had a formal, facility based split night sleep study on 01/17/2015. During the diagnostic phase the apnea hypopnea index was 46. The O2 decreased to 84%. Optimal CPAP was 12 cm H2O and this corrected all of the sleep abnormalities. He is using CPAP. Also, he has hypertension treated with Lisinopril. The national Medicare and industry wide criteria for the medical necessity of CPAP is an apnea hypopnea index of 15 or greater but in the present of hypertension, heart disease or a CVA, an apnea hypopnea index of 5 or greater. His apnea hypopnea index was 46. He meets criteria for the medical necessity of CPAP. There is no documentation that despite treatment with a sleep medicine specialist for 3 months that he is not compliant with CPAP on smart card read outs. Thus, the documentation supports the medical necessity for CPAP, that should be rented until there is documentation that he is compliant using it for at least 4 hours a night for at least 70% of the time.