

Case Number:	CM14-0117095		
Date Assigned:	08/06/2014	Date of Injury:	06/05/2002
Decision Date:	12/31/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 6/5/2002. The mechanism of injury is not given in the medical records. Patient was diagnosed with obstructive sleep apnea. Patient had a deep sleep study on 8/17/2008 with a CPAP (continuous positive airway pressure) at 9cm of water. Treatment plan included medications, testosterone injection. Patient had a CPAP machine since 2005 and needs a replacement one with new supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of CPAP replacement machine with heated humidifier and new supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CPAP machine

Decision rationale: According to guidelines it states that polysomnography is recommended after at least 6 months of an insomnia complaint, unresponsive to behavior intervention, medications, and after psychiatric etiology has been excluded. According to the medical records

there is no documentation of continued sleep apnea and thus the request for purchase of CPAP replacement machine with heated humidifier is not medically necessary.