MAXIMUS Federal Services

Case Number:	CM14-0129992		
Date Assigned:	08/20/2014	Date of Injury:	07/01/2001
Decision Date:	09/19/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational 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:

The patient is a 66-year-old male who was injured on 07/01/2001. The mechanism of injury is unknown. Prior treatment history has included 12 sessions of speech therapy, physical therapy. The patient has a history of 3 strokes, type 2 diabetes and depression. Progress report dated 06/26/2014, documented the patient presented with chronic hypertension, marked by elevated blood pressures in the morning off and on, and is noted to be 200/110. He has unrelated sleep apnea, which is likely contributing to the morning blood pressures. The CPAP mask does not fit and he is in the process of trying to get a new one. He takes Lisinopril and Metoprolol twice daily. He has a diagnosis of obstructive sleep apnea. He has been recommended to continue with his medications including Hydrochlorothiazide 25 mg daily, Metoprolol XL 100 mg, and Lisinopril 20 mg. Prior utilization review dated 08/11/2014, states the request for evaluation for CPAP Machine-Fitting and the recommendation was denied, as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for CPAP Machine-Fitting and Recommendation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC ; Website: http://www.cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent MedicalExaminations And Consultations;Official Disability Guidelines (ODG), Pain, Office Visits.

Decision rationale: According to MTUS guidelines, providers may refer to specialists if the course of care may benefit from additional expertise. According to Official Disability Guidelines (ODG) office visits are recommended as determined to be medically necessary. In this case, a request is made for evaluation and recommendation for CPAP machine fitting for a 66-year-old male injured on 7/1/01 with documented obstructive sleep apnea. The patient's current CPAP machine is not tolerated, and has uncontrolled hypertension, worse in the morning. As such, this request is medically necessary.