

<b>Case Number:</b>	CM14-0090934		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/22/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 62 year old female, who sustained an industrial injury on 1/22/2012. She was diagnosed as having cervical spine strain, lumbar spine disc bulges, right wrist surgery (1/22/2014), left carpal tunnel syndrome, probable right knee internal derangement, and probable left knee internal derangement. Treatment to date has included consultations, medications, surgical intervention, occupational therapy and physical therapy. Per the Primary Treating Physician's Progress Report dated 6/11/2014, the injured worker reported pain in the neck, lower back, right wrist/hand, left wrist/hand, and right and left knees. Physical examination revealed ambulation with a single point cane. The rest of the documentation is hand written and not legible. The plan of care included physical therapy and consultations. She is not to return to work for 6 weeks. Per the polysomnogram report dated 5/07/2014 revealed mild obstructive sleep apnea and hypopnea with moderate exacerbation during REM sleep. Authorization was requested for Continuous Positive Airway Pressure (CPAP) titration study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Positive Airway Pressure (CPAP) Titration Study: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 9.0. UpToDate, accessed 12/30/2014. Dave NB, et al. Initiation of positive airway pressure therapy for obstructive sleep apnea in adults. Topic 7677, version 17.0. UpToDate, accessed 03/29/2015. Weaver T, et al. Adherence with continuous positive airway pressure (CPAP). Topic 7702, version 18.0. UpToDate, accessed 03/29/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. This test is recommended for those with excessive daytime sleepiness when there is a concern for sleep-related breathing problems, limb movement disorders during sleep, sleep-related neurologic problems, or someone has problems with sleep that are not clear after a thorough history and examination are performed. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bi-level (BiPAP), while asleep is often helpful. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted documentation concluded the worker had known mild obstructive sleep apnea, among other issues. There was no discussion indicating the various treatment options were discussed with the worker or suggesting CPAP was the best choice in this case. In the absence of such evidence, the current request for a CPAP titration study is not medically necessary.