

Case Number:	CM15-0015891		
Date Assigned:	02/03/2015	Date of Injury:	02/10/1999
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 68 year old female who sustained an industrial injury on 02/10/1999. The current diagnoses include status post 15 orthopedic surgeries, probable anxiety and depression, insomnia, cognitive difficulties, cephalgia and dizziness, cervical radiculopathy, thoracic radiculopathy, thoracic radiculopathy, epigastric burning pain, chest pressure with claudication, weight loss of 40 pounds, and uncontrolled hypertension. Treatments to date include medication management, right carpal tunnel release, right shoulder open reduction surgery, left knee arthroscopic surgery and left shoulder arthroscopic decompression. Report dated 03/17/2014 noted that the injured worker presented with complaints that included of abdominal burning and the necessary CPAP machine has not been provided. Physical examination was positive for abnormal findings. The utilization review performed on 01/08/2015 non-certified a prescription for CPAP and supplies based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP & Supplies: Overturned

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 UptoDate.com. Management of OSA in Adults

Decision rationale: According to Uptodate.com regarding the treatment of mild-moderate OSA positive airway pressure is the initial therapy. In this case the patient had a sleep study done 10/27/13 that met the criteria for a diagnosis of obstructive sleep apnea and CPAP was titrated to 10 cmH₂O. The patient has been diagnosed appropriately with obstructive sleep apnea. It is medically reasonable to treat OSA with a CPAP and the appropriate supplies (positive airway pressure).