

Case Number:	CM15-0110390		
Date Assigned:	06/16/2015	Date of Injury:	10/15/2007
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 10/15/2007. Diagnoses have included status post left Achilles tendon repair, cane dependency, gait derangement and insomnia. Treatment to date has included orthotics and medication. According to the progress report dated 5/5/2015, the injured worker complained of right knee pain and swelling. She had been fitted with orthotics; she was uncertain as to how much they were helping. She stated she was not sleeping well. Physical exam revealed swelling in the right knee. Authorization was requested for continuous positive airway pressure (CPAP) machine adjustment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP machine adjustment x1: Upheld

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 sleep apnea, up-to date guidelines.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The up-to date medical guidelines on sleep apnea do recommend the use of CPAP machine as a treatment option. However in this case the provided clinical documentation does not establish the need for CPAP as sleep apnea is not a diagnosis associated with the industrial incident and therefore the request is not medically necessary.