

Case Number:	CM15-0113279		
Date Assigned:	06/19/2015	Date of Injury:	05/31/2007
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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: California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 5/31/07. The diagnoses have included sleep disorder, insomnia, obstructive sleep apnea, chronic pain syndrome, anxiety and depressive disorder and bilateral shoulder internal derangement. He has a history of diabetes and hypertension. Treatment to date has included medications, psychiatry, consultations, diagnostics, and other modalities. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of persistent bilateral shoulder pain and difficulty sleeping due to pain. He recently had a sleep study that recommends him to have a continuous positive airway pressure (CPAP) machine. The objective findings reveal that his affect is blunted, he has painful and limited bilateral shoulder range of motion with crepitus, and there is bilateral shoulder impingement and upper extremity weakness. The diagnostic testing that was performed included continuous positive airway pressure (CPAP) titration report dated 5/12/15 that reveals obstructive sleep apnea syndrome. There is also a nocturnal polysomnogram report dated 3/27/15 that reveals mild obstructive sleep apnea syndrome. The physician requested treatment included Durable medical equipment (DME) CPAP (continuous positive airway pressure) machine for the sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) CPAP (continuous positive airway pressure) machine:
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 Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine; Journal of Clinical Sleep Medicine, Valium 5, Number 3, 2009.

Decision rationale: The Official Disability Guidelines and the MTUS are silent on this issue. Alternative guidelines were referenced. According to the Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults, treatment options which should be discussed in the context of the severity of the patient's obstructive sleep apnea and the patient should undergo an educational program. The components of the patient education program include findings of the sleep study and severity of the disease, pathophysiology of obstructive sleep apnea, explanation of the natural course of disease and associated disorders, risk factor identification and explanation of exacerbating factors and the risk factor modification, genetic counseling, treatment options, and others. There is no documentation in the medical record that the patient has undergone the mandatory education prior to the prescribing of CPAP which is recommended by the Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. CPAP is not medically necessary.