

<b>Case Number:</b>	CM15-0120470		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Texas, New York, 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 applicant is a represented 67-year-old who has filed a claim for obstructive sleep apnea and temporomandibular joint disorder (TMJ) reportedly associated with an industrial injury of March 29, 2013. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for a CPAP machine. The claims administrator did reference an April 1, 2015 sleep study in its determination which apparently was positive for obstructive sleep apnea (OSA) with transient desaturations to as low as 79%. The claims administrator suggested that the applicant try and lose weight before pursuing the CPAP device. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant's dentist noted that the applicant had severe issues with TMJ and bruxism superimposed on ongoing issues with obstructive sleep apnea (OSA). The applicant's dentist suggested that the best treatment option for the applicant's OSA, TMJ, bruxism was, in fact, a CPAP device. In a progress note dated April 7, 2015, the applicant's dentist strongly recommended fitting for a CPAP on the grounds that this might significantly improve the applicant's TMJ symptoms. A sleep study demonstrating an apnea-hypopnea index of 45.8 was referenced. A polysomnogram dated March 30, 2015 was positive for obstructive sleep apnea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP Machine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse website: [www.guideline.gov](http://www.guideline.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine, Obstructive Sleep Apnea, Severe OSA: AHI of more than 30, Involuntary sleepiness during activities that require more active attention, such as talking or driving, Continuous positive airway pressure (CPAP): CPAP is the standard treatment option for moderate to severe cases of OSA and a good option for mild sleep apnea.

**Decision rationale:** Yes, the request for a CPAP machine was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that CPAP represents the standard treatment option for moderate-to-severe sleep apnea. Here, the applicant's apnea-hypopnea index of 45 is suggestive of severe obstructive sleep apnea (OSA), per the AASM. Provision of the CPAP machine, thus, was indicated to ameliorate the same. Therefore, the request was medically necessary.