

Case Number:	CM15-0170045		
Date Assigned:	09/10/2015	Date of Injury:	06/22/2008
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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:

This is a 59 year old male with a date of injury of June 22, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for obstructive sleep apnea. A continuous positive airway pressure titration report dated September 2, 2014 documents that the injured worker was unable to sleep in a supine position due to numbness in the arms and lower back pain. The report also noted that the injured worker complained of racing thoughts when trying to sleep, pounding, rapid heartbeat, waking up choking, gasping for air, and snoring. The report showed that the injured worker had a score of 10 on the Epworth scale. The findings of the report note obstructive sleep apnea that resolved with continuous positive airway pressure treatment, and further evaluation for reversible causes was recommended. There were no progress notes or physical examinations submitted for review. The original utilization review (August 17, 2015) non-certified a request for rental of a continuous positive airway pressure unit for 6 months, dates of service: 03-22-15 to 08-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective extensional request of rental of C-PAP for 6 months, DOS: 03/22/15-08/21/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care: Continuous Positive Airway Pressure (CPAP) for OSA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kryger MH, Malhotra A. Management of Obstructive Sleep Apnea in Adults. Up-To-Date; accessed 10/6/2015: www.uptodate.com.

Decision rationale: The MTUS and Official Disability Guidelines do not comment on the use of CPAP for the treatment of obstructive sleep apnea. The reference source Up-To-Date has a chapter on the management of patients with obstructive sleep apnea. This chapter provides recommendations on indications for treatment as well as follow-up. In this case, on 9/2/2014 the patient underwent a sleep study in which mild obstructive sleep apnea was diagnosed. There was a recommendation for use of CPAP. Further recommendations at this time included a follow-up with the primary care physician to assess for reversible causes of obstructive sleep apnea as well as weight loss counseling and other measures to treat sleep apnea. There are no further progress notes available for review for the time frame of 3/22/2015 through 8/21/2015. The above cited reference describes follow-up for patients with obstructive sleep apnea. It states the following: "Patients who elect to be treated with positive airway pressure should be evaluated frequently, especially during the first few weeks of therapy. This may include frequent telephone calls and as needed opportunities to meet face to face with a clinician. The purpose of frequent evaluations is to quickly identify and manage any side effects that develop, since this may affect long term adherence with the therapy." As noted, there is no documentation provided in follow-up after the CPAP evaluation was reported. Without this information, it cannot be determined whether there is any justification to provide a retrospective extension of a CPAP rental for the six-month period. Therefore, for this reason, a retrospective extension request of rental of a CPAP device for 6 months, DOS, 3/22/2015-8/21/2015 is not medically necessary.