MAXIMUS Federal Services

Case Number:	CM15-0170338		
Date Assigned:	09/10/2015	Date of Injury:	02/10/1999
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
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: 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:

This is a 68 year old female with a date of injury of February 10, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for probable anxiety and depression, insomnia, cognitive difficulties, cephalgia with dizziness, cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, epigastric pain, weight loss of forty pounds, and uncontrolled hypertension. Medical records (July 6, 2015) indicate that the injured worker complains of difficulty with grasping, lifting, differentiating between what she touched, seeing, and sleeping. Records also indicate difficulty with activities of daily living. The medical record notes similar complaints were documented in a progress note dated March 23, 2015. Per the treating physician (July 6, 2015), the employee has not returned to work. Physical examination on July 6, 2015 noted severe coughing and some dyspnea related to a recent diagnosis of bronchitis. Treatment has included multiple orthopedic surgeries, medications, and imaging studies. The progress note (July 6, 2015) reveals that the injured worker's continuous positive airway pressure machine needed to be tested by a sleep specialist and may need to be replaced. The original utilization review (July 29, 2015) non-certified a request for a continuous positive airway pressure machine and supplies for sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-PAP machine and supplies for sleep apnea: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.nhlbi.nih.gov/health/health-topics/topics /cpap.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sleep apnea.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that C-Pap machines are indicated in the treatment of sleep apnea. The patient however does not have the diagnosis of sleep apnea due to industrial incident and therefore the request is not medically necessary.