

<b>Case Number:</b>	CM14-0202991		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/08/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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: Arizona, 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:

The injured worker is a 68-year-old male who sustained an industrial injury on 10-08-00. A review of the medical records indicates the injured worker is undergoing treatment for hypertensive cardiovascular disease, coronary artery disease, and nonindustrial diabetes and hypothyroidism. Medical records (03-31-14) reveal he is also being rerated with a continuous positive airway pressure (CPAP) machine. The physical exam (03-31-14) reveals clear lungs a, flat neck veins, and no acute distress. He is noted to be sleeping well with the CPAP machine. Treatment has included medication management. The treating provider indicates the injured worker is stable from a cardiovascular standpoint. Medication includes Benicar with hydrochlorothiazide, metoprolol succinate, Atorvastin, Tricor, and aspirin. The original utilization review (11-21-14) noncertified CPAP supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP supplies: CPAP mask, headgear, tubing, disposable filter, non-disposable filter, and humidifier chamber:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of Obstructive Sleep Apnea in Primary Care [REDACTED], M.D., M.B.A., [REDACTED] [REDACTED], [REDACTED], [REDACTED] Am Fam Physician. 2004 Feb 1; 69 (3): 561-569.

**Decision rationale:** According to the referenced literature, CPAP is indicated for those with Sleep Apnea. In this case, the claimant does have apnea, which worsens his heart disease. The CPAP allows him to sleep and breathe easy at night. The request for supplies to continue use of CPAP is appropriate.