

Case Number:	CM13-0024805		
Date Assigned:	03/21/2014	Date of Injury:	02/27/2009
Decision Date:	04/30/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 50-year-old female who reported an injury on 02/27/2009. The mechanism of injury was not stated. The patient is diagnosed with left shoulder injury, status post 3 left shoulders surgeries, persistent left shoulder impingement syndrome, complaints of headaches with dizziness, complaints of blurred vision, hypertension and gastroesophageal reflux disease. The patient was seen by [REDACTED] on 08/07/2013. The patient reported hypertension, stress, ongoing spinal pain, and increased thirst. Physical examination on that date revealed mild distress secondary to pain, tenderness to palpation over the bilateral paracervical muscles, myospasm, mild tenderness to palpation over the epigastric region and left upper quadrant of the abdomen, and negative pedal edema bilaterally. Treatment recommendations at that time included an increase in hypertension medication, and a complete metabolic panel with hemoglobin A1C testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB WORK REQUEST FOR HEMOGLOBIN A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LABTESTSONLINE.ORG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LABTESTSONLINE.ORG, HON CODE STANDARD FOR TRUSTWORTHY HEALTH INFORMATION Â©2001 - 2014 BY AMERICAN ASSOCIATION FOR CLINICAL CHEMISTRY, LAST MODIFIED ON JANUARY 6, 2014

Decision rationale: The A1c test is used to monitor the glucose control of diabetics over time. An A1c test may be ordered as part of a health checkup, or when a patient is suspected of having diabetes secondary to signs or symptoms of increased blood glucose levels. As per the documentation submitted, the patient reported increased thirst. However, there is no documentation of increased urination, fatigue, or slow-healing infections. The provider recommends a hemoglobin A1c test as the patient is concerned for diabetes. However, there is no documentation of a family history of diabetes, nor is there evidence of this patient's risk of having diabetes. There is insufficient evidence to suspect possible diabetes mellitus. The relation of diabetes to the industrial injury was also not provided. Therefore, the request is non-certified.