

Case Number:	CM14-0005958		
Date Assigned:	04/07/2014	Date of Injury:	03/07/2011
Decision Date:	05/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 injured worker is 57-year-old male who reported an injury on 03/07/2011. The mechanism of injury was cumulative trauma related to the performance of job duties, and includes hypertension. The injured worker receives routine cardiac care as well as care for his diagnosis of diabetes mellitus. The clinical records submitted for review indicate that the injured worker received his last echocardiogram in 2012, and there was no discussion regarding any other laboratory testing being performed to include an HbA1c, CMP, or UA. The injured worker's current medications include unspecified dosages and frequencies of Metformin and Glipizide, as well as 20 mg of Benicar daily. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECHOCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA Guidelines: ACC/AHA/ASH, 2003 Guidelines Update for the Clinical Application of Echocardiography: Summary Article. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (ACC/ADA/ASE Committee to Update

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology , Douglas, P. S.,

Garcia, M. J., Haines, D. E., Lai, W. W., Manning, W. J., Patel, A.R., ... & Weiner, R. B. (2011) Appropriate use Criteria for Echocardiography.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines did not specifically address the use of echocardiogram; therefore, information from the American College of Cardiology was supplemented. It was noted that an echocardiogram is useful for obtaining an initial diagnosis, if there is a change in clinical status, or when the results of an echocardiogram will change a patient's management. However, routine testing with no change in clinical status or no anticipation of change in treatment, were considered to be inappropriate. The clinical notes submitted for review indicated that the injured worker's previous echocardiogram was performed in 2012 and diagnosed him with left ventricular dysfunction. Unfortunately, these results were not submitted for review. Additionally, there was no discussion in the clinical records submitted for review, that the injured worker was experiencing a change in clinical presentation, or that there may be an anticipation of change in treatment. As such, the request for echocardiogram is non-certified.

CHEMISTRY PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2011 Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacks, D. B., Arnold, M., Bakris, G. L., Bruns, D. E., Horvath, A. R., Kirkman, M. S., ... & Nathan, D. M. (2011). Position statement executive summary: guidelines and recommendations for laboratory analysis in the diagnosis and management of diabetes mellitus. Di

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not specifically address the need for routine lab work; therefore, current medical literature was supplemented. Current medical literature and laboratory data do not recommend CMP as routine testing for diagnosis or management of diabetes. Routine glucose, HbA1c, ketones, lipids, creatinine, and albumin testing is recommended; however, the need for a complete metabolic panel is not necessary. As such, the request for chemistry panel is non-certified.

HEMOGLOBIN A1C: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2011 Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines did not specifically address the need for glucose monitoring; therefore, the Official Disability Guidelines were supplemented. ODG recommends performing an HbA1c at least twice yearly in all patients with diabetes mellitus, and 4 times yearly in patients not on target with their glucose levels. As there was no evidence of an HbA1c being performed in the medical records submitted, the current treatment is appropriate. As such, the request for hemoglobin A1c is certified.

UA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2011 Guidelines and Recommendations for Laboratory Analysis in the Diagnosis and Management of Diabetes Mellitus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Sacks, D. B., Arnold, M., Bakris, G. L., Bruns, D. E., Horvath, A. R., Kirkman, M. S., ... & Nathan, D. M. (2011). Position statement executive summary: guidelines and recommendations for laboratory analysis in the diagnosis and management of diabetes me

Decision rationale: The California MTUS/ACOEM Practice Guidelines and Official Disability Guidelines did not specifically address the need for urinary analysis in diabetes management; therefore, current medical literature was substituted. Current literature recommends frequent urinary analysis in the management of diabetes to detect urinary ketones and albumin levels. These tests should be performed on a routine basis and therefore, this request is appropriate. As such, the request for UA is certified.