

Case Number:	CM14-0016236		
Date Assigned:	04/11/2014	Date of Injury:	04/30/2005
Decision Date:	05/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Geriatrics and is licensed to practice in New York. 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 a 50 year old man with a date of injury of 4/6/08. He was seen by his secondary treating physician on 12/20/13. His fasting blood glucose monitor reading was 111mg/dl. His physical exam showed hypertension and blood glucose without medications of 121 mg/dl and was otherwise unremarkable. His diagnoses included diabetes mellitus, industrial aggravation, gastric ulcer, irritable bowel syndrome and Gastroesophageal Reflux Disease (GERD) , secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID), sleep disorder, hypertension and erectile dysfunction. The accucheck blood glucose test performed in the office is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACCU-CHECK BLOOD GLUCOSE TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Diabetes-Glucose Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: Uptodate: Screening For Type 2 Diabetes Mellitus.

Decision rationale: This injured worker has a history of diabetes, hypertension, gastric ulcer and irritable bowel syndrome. His physical exam was normal and his blood pressure was slightly high. He was compliant with his medications and his home glucose reading was 111mg/dl. There were no historical or exam findings for toxicity or side effects of his medications. The medical necessity of an accucheck blood glucose during the office visit is not substantiated in the records.