

Case Number:	CM14-0121318		
Date Assigned:	08/06/2014	Date of Injury:	03/18/2009
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 64-year-old male who reported an injury on 03/18/2009. The mechanism of injury was not provided. On 06/18/2014, the injured worker presented with complaints of redness on the right shoulder, episodic headaches, and diarrhea. Upon examination, the blood glucose was 85 mg/dL non-fasting, with a weight of 238 pounds and a height of 5 feet 8 inches. The diagnoses were diabetes mellitus, rule out industrial aggravation; hypertension, rule out industrial aggravation; weight gain; constipation and diarrhea; and acid reflux secondary to NSAIDs. Prior therapy included medications. The provider recommended an Accu-Chek glucose blood test. The provider's rationale was not provided. The Request for Authorization form was dated 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accu - Chek Glucose Blood Test, Body part: Abdomen and Chest: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines recommend self-monitoring of blood glucose. An A1c should be measured at least twice yearly in all injured worker with diabetes mellitus, and self-monitoring blood glucose should be performed by all injured workers using insulin at a minimum of twice daily, and ideally, at least before an injection of insulin. Self-monitoring blood glucose does not lower blood sugar levels; only lifestyle changes and medicine do, so self-monitoring blood glucose only helps when it is coupled to these other interventions. As the guidelines recommend self-monitoring of blood glucose, an Accu-Chek blood test for the abdomen and chest would not be warranted. As such, the request is not medically necessary.