

Case Number:	CM14-0050494		
Date Assigned:	07/07/2014	Date of Injury:	01/11/2013
Decision Date:	09/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine 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:

This is a 53 year-old female who has reported neck, shoulder, and extremity pain with paresthasias of gradual onset, attributed to usual office work activities, with an injury date listed as 01/11/2013. The orthopedic AME diagnosed carpal tunnel syndrome and multifocal pain. Orthopedic treatment has included acupuncture, electrical stimulation, chiropractic care, and Advil. Per an initial report from 2/28/13, the injured worker had internal medicine conditions, including "diabetes", for which she might be seeking treatment on an industrial basis. Per an internal medicine evaluation on 10/18/13, there was a history of "prediabetes" and the blood sugar at that time was 119 [not stated if fasting]. Further monitoring for diabetes was recommended [no specific treatment for diabetes was discussed]. The same physician reported a blood glucose of 131 on 10/21/13 [not stated if fasting]. On 1/14/14 a "post-prandial" glucose was 119. "Fasting labs" were recommended. Diabetic test strips, lancets, and alcohol swabs were prescribed. On 3/18/14 "average" blood sugar was stated to be 105. Blood glucose was 134 [not stated when performed or if fasting]. A blood glucose monitor was dispensed. Lancets, alcohol swabs, and test strips were prescribed (and possibly dispensed). On 3/38/14, Utilization Review non-certified the requested diabetic supplies, noting the lack of indications per the nature of this claim. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 3/18/14, alcohol swabs, 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, blood glucose monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes chapter, Fasting plasma glucose test (FPG): Recommended for diagnosis of types 1 and 2 diabetes in children and nonpregnant adults.

Decision rationale: The treating physician has provided several blood glucose measurements, none of which are adequate to establish the presence of diabetes, and most or all of which could be normal. Testing was not performed according to established protocols for diagnosis of diabetes, per the above citations. HbA1c is recommended in the cited guideline, and this was not performed. Assuming an established diagnosis of diabetes (which is not the case here), self-monitoring is only recommended for patients on insulin per the cited guideline. This patient is not on insulin. The prescribed and/or dispensed supplies for monitoring blood glucose are not medically necessary due to the lack of adequate testing for diagnostic purposes, and the lack of medical necessity to perform ongoing self-testing.

Retro DOS 3/18/14, blood glucose monitor to include strips and lancets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, blood glucose monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes chapter, Fasting plasma glucose test (FPG).

Decision rationale: The treating physician has provided several blood glucose measurements, none of which are adequate to establish the presence of diabetes, and most or all of which could be normal. Testing was not performed according to established protocols for diagnosis of diabetes. HbA1c is recommended in the cited guideline, and this was not performed. Assuming an established diagnosis of diabetes (which is not the case here), self-monitoring is only recommended for patients on insulin per the cited guideline. This patient is not on insulin. The prescribed and/or dispensed supplies for monitoring blood glucose are not medically necessary due to the lack of adequate testing for diagnostic purposes, and the lack of medical necessity to perform ongoing self-testing.

