

<b>Case Number:</b>	CM13-0028693		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 is licensed to practice in Pennsylvania. 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 48-year-old gentleman with a date of injury of 06/30/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/13/2013, 06/21/2013, 07/12/2013, 07/23/2013, 08/21/2013 indicated the worker was experiencing pain in both arms, both wrists, and his right shoulder with overhead activities. Documented examinations consistently described right shoulder tenderness and decreased motion in the shoulder joint; limited details were provided. The submitted and reviewed documentation concluded the worker was suffering from an issue with the right rotator cuff, wrist pain involving both sides, and chronic pain syndrome. It was noted the worker also had uncontrolled diabetes with the blood test HbA1c reportedly decreased from 12 to 9.3 (it was not noted which units were used in these measurements) between the notes dated 06/21/2013 and 08/21/2013. Treatment recommendations included oral pain medications, urinary drug screen testing, rotator cuff surgery, and a repeated HbA1c laboratory blood test. A Utilization Review decision was rendered on 09/18/2013 recommending non-certification for a HbA1c laboratory blood test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS: Hemoglobin (HBG) A1C 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 (ODG)- Treatment for Workes' Compensation, Online Edition Chapter, Diabetes.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCulloch DK, et al. Overview of medical care in adults with diabetes mellitus. Topic 1750, version 34.0. UpToDate, accessed 12/27/2014.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Glycosylated hemoglobin (measured with the blood test known as HbA1c) accurately estimates the amount of sugar that was in the bloodstream over the last two to three months. While certain conditions or factors can give falsely high or falsely low results, these are known and can be taken into account. Widely accepted Guidelines support this testing at least twice yearly for those whose sugar control appears to be meeting the individualized goals and at least quarterly otherwise. Target goals for this test should also be appropriately individualized. The submitted and reviewed documentation noted the worker had uncontrolled diabetes. While no details about the diabetes were provided, a note dated 06/21/2013 reported the HbA1c "recently" (date not provided) measured 12 (units not provided), and a note dated 08/21/2013 reported the HbA1c (date not provided) had decreased to 9.3 (units not provided) with the worker's new use of insulin therapy. A repeat test was requested before planned shoulder surgery. There was no discussion detailing extenuating circumstances that would support a repeat test so close to the most recent one reported. In the absence of such evidence, the request for a HbA1c laboratory blood test is not medically necessary.