

Case Number:	CM15-0146160		
Date Assigned:	08/07/2015	Date of Injury:	08/03/2013
Decision Date:	09/22/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 8-3-2013. The mechanism of injury was the left hand getting caught in the hook of a crane. The injured worker was diagnosed as having left hand fracture and left wrist and hand internal derangement. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 4-1-2015, the injured worker complains of left wrist and hand pain occurring 10% of the time. Physical examination showed intact sensation in the left wrist and hand. The treating physician is requesting laboratory studies, reagent strip glucose, urine dipstick and venipuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucose Reagent Strip: 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 ODG, Diabetes chapter, Glucose monitoring.

Decision rationale: The patient presents with left wrist and hand pain with documented diffuse tenderness. The current request is for Glucose Reagent strip. The medial reports provided are partially hand written and very difficult to follow. There is no diagnosis documented that the patient has diabetes, there is no indications that the patient is dealing with altered blood sugar levels and there is no request found in the reports submitted for glucose strips. The ODG guidelines do support glucose monitoring for patients with diabetes. In this case, the treating physician reports provided do not provide any diagnosis of diabetes or the need to test the patient's blood sugar levels. The current request is not medically necessary.

Laboratory work: 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 ODG, Diabetes chapter, Pre-diabetes screening.

Decision rationale: The patient presents with left wrist and hand pain with documented diffuse tenderness. The current request is for Laboratory work. The medial reports provided are partially hand written and very difficult to follow. There is no diagnosis documented that the patient has diabetes, there is no indications that the patient is dealing with altered blood sugar levels and there is no request found in the reports submitted for laboratory work or what type of lab work is needed. The ODG guidelines support lab work for HbA1c and states that the American Diabetes Association recommends HbA1c testing as a criterion by which to diagnose diabetes and pre-diabetes. In this case, the treating physician reports do not indicate that there is a need to screen the patient for diabetes. The current request is not medically necessary.

Urine dipstick: 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 ODG, Diabetes chapter, Glucose monitoring.

Decision rationale: The patient presents with left wrist and hand pain with documented diffuse tenderness. The current request is for urine dipstick. The medial reports provided are partially hand written and very difficult to follow. There is no diagnosis documented that the patient has diabetes, there is no indications that the patient is dealing with altered blood sugar levels and there is no request found in the reports submitted to justify this request. The ODG guidelines do support glucose monitoring for patients with diabetes. In this case, the treating physician reports provided do not provide any diagnosis of diabetes or the need to test the patient's blood sugar levels using a urine dipstick. The current request is not medically necessary.

Venipuncture: 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 ODG, Diabetes chapter, Pre-diabetes screening.

Decision rationale: The patient presents with left wrist and hand pain with documented diffuse tenderness. The current request is for venipuncture. The medial reports provided are partially hand written and very difficult to follow. There is no diagnosis documented that the patient has diabetes, there is no indications that the patient is dealing with altered blood sugar levels and there is no request found in the reports submitted for laboratory work or what type of lab work is needed that would require venipuncture. The ODG guidelines support lab work for HbA1c and states that the American Diabetes Association recommends HbA1c testing as a criterion by which to diagnose diabetes and pre-diabetes. In this case, the treating physician reports do not indicate that there is a need for venipuncture. The current request is not medically necessary.