

<b>Case Number:</b>	CM15-0049270		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Illinois  
 Certification(s)/Specialty: Internal Medicine

### 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 reported an injury on 12/17/2010. The mechanism of injury involved repetitive activity and on the job stress. In 09/2011 approximately, the injured worker developed intermittent severe headaches. On 12/17/2011, during the course of usual and customary occupation, while on the way to work, the injured worker reportedly suffered a stroke. The injured worker is currently diagnosed with hypertension, diabetes mellitus, constipation, melena, and psychiatric diagnosis. Following the stroke in 2011, the injured worker was treated with extensive rehabilitation; however, developed slurring of speech, foot drop, and difficulty ambulating. The injured worker utilizes a walker for ambulation assistance. On 01/07/2015, the injured worker presented for a follow-up evaluation with reports of improved diabetes mellitus, unchanged constipation, and unchanged hypertension and muscle pain. The injured worker also reported speech impairment. A non-fasting glucose obtained in the office revealed 120 mg/dL. The physical examination was within normal limits with the exception of 1+ abdominal tenderness. Examination of range of motion and tenderness was deferred to the appropriate specialist. Recommendations at that time included cardiorespiratory testing, and EKG, and continuation of the current medication regimen. It was noted that the injured worker was pending authorization for physical therapy, a gastrointestinal consultation, and a cardiology consultation. A Request for Authorization form was then submitted on 01/07/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio respiratory testing:** 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) Pulmonary Chapter, Pulmonary function testing.

**Decision rationale:** The Official Disability Guidelines recommend pulmonary function testing as indicated. In this case, the injured worker's physical examination was within normal limits with regard to the cardiorespiratory system. The need for further diagnostic testing was not apparent. The medical rationale was not provided. Given the above, the request is not medically necessary.

**Accu-check:** 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 Chapter, 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, Glucose monitoring.

**Decision rationale:** The Official Disability Guidelines recommend self-monitoring of blood glucose for patients with type 1 diabetes as well as those with type 2 diabetes who utilize insulin therapy, plus long term assessment, but not continuous glucose monitoring for routine use. The medical necessity of random Accu-checks in the office is not supported. There was no indication that this injured worker is currently utilizing insulin. There was no indication that this injured worker requires non-fasting random blood glucose levels. Given the above, the request is not medically necessary.

**Vegetarian glucosamine daily #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** The California MTUS Guidelines recommend glucosamine as an option given its low risk in patients with moderate arthritis pain, especially those with knee osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. In addition,

the injured worker has utilized the above medication since at least 11/2014. There was no documentation of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

**Diabetes test strips, lancet, alcohol swabs, one month supply:** 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 Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of medical necessity. According to the documentation provided, the injured worker maintains a diagnosis of diabetes mellitus type 2. The injured worker does not utilize insulin and only utilizes oral metformin. There was no indication that this injured worker requires continuous blood glucose monitoring. Therefore, the medical necessity for the requested supplies has not been established in this case. Therefore, the request is not medically necessary.