

<b>Case Number:</b>	CM15-0087454		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/10/2001
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 65-year-old male who sustained an industrial injury on 3/10/01. The injured worker was diagnosed as having hypertension, diabetes mellitus, hyperlipidemia, diabetic peripheral neuropathy, and post-traumatic weight gain and status post work related injury. Currently, the injured worker was with complaints of occasional epigastric abdominal pain. Previous treatments included a low glycemic, low cholesterol diet. The plan of care was for laboratory studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated blood work: complete metabolic panel, lipid panel, hemoglobin A1C:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association: Standards of Medical Care in Diabetes Mellitus - 2015.[http://professional.diabetes.org/admin/userfiles/0%20-%20sean/documents/january%20supplement%20combined\\_final.pdf](http://professional.diabetes.org/admin/userfiles/0%20-%20sean/documents/january%20supplement%20combined_final.pdf).

**Decision rationale:** The MTUS and Official Disability Guidelines are silent on the monitoring of patients with Type 2 Diabetes Mellitus. The American Diabetes Association publishes guidelines on the evaluation, treatment and monitoring of patients with diabetes mellitus. The specific reference for the 2015 guidelines is as follows:  
[http://professional.diabetes.org/admin/userfiles/0%20-%20sean/documents/january%20supplement%20combined\\_final.pdf](http://professional.diabetes.org/admin/userfiles/0%20-%20sean/documents/january%20supplement%20combined_final.pdf) The Hemoglobin A1C test, known as the HA1C, is used to monitor long-term glycemic control. The American Diabetes Association Guidelines, page S34, state that the HA1C should be completed at least twice a year. It may be tested quarterly if there is a change in treatment. In this case, the patient had a documented HA1C performed on October 24, 2014. The proposed repeat HA1C test was scheduled for May 6, 2015. The repeat of this test is therefore consistent with the above cited American Diabetes Association guidelines. A lipid panel is performed to assess whether control of serum lipids is consistent with the target goals described by the American Diabetes Association. The patient had a documented serum lipid panel on October 24, 2014. The result included a total cholesterol of 136; demonstrating that the patient had achieved the target levels. The guidelines, page S53, recommend repeat serum lipid panel every 1-2 years under these conditions. The repeat serum lipid panel is therefore not consistent with the above cited American Diabetes Association guidelines. A complete metabolic panel is used to assess whether there is evidence of diabetic nephropathy; manifested by an increase in the serum creatinine. This patient had a documented serum creatinine of 0.84, which is normal on October 24, 2014. The guidelines, page S60, recommend annual testing with a metabolic panel under these conditions. In summary, the American Diabetes Association recommends that a HA1C test be performed at this time. However, these guidelines do not recommend the need for a serum lipid panel or complete metabolic panel at this time. Therefore, the request for a complete metabolic panel, lipid panel and hemoglobin A1C test together is not medically necessary.