MAXIMUS Federal Services

Case Number:	CM13-0068244		
Date Assigned:	01/03/2014	Date of Injury:	02/24/2003
Decision Date:	06/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 64-year-old woman with a date of injury of April 3, 2008. Office visit notes by [redacted] dated April 29, July 29, November 5, 2013 and January 21, 2014 identified the mechanism of injury as a motor vehicle accident involving a school bus she was driving. This resulted in fractures of the worker's clavicle and lumbar spine, and a pressure sore requiring minor surgeries, bleeding, and a blood clot in a leg blood vessel complicated recovery. [redacted] office notes dated April 29, July 29, November 5, 2013 and January 21, 2014 reported that the worker's diabetes was the indirect result of her decreased ability to walk causing her significant weight gain. These notes and [redacted] medical management reports dated December 27, 2013 and 09/23/2013 indicated the medications used for controlling the diabetes were unchanged during this time period. [redacted] notes dated July 19 and November 5, 2013 and [redacted] note dated October 8, 2013 reported the worker did not provide the results of her self-monitoring of blood sugar levels to the healthcare team at those times. When self-monitoring results were provided, the documented blood sugar levels ranged from 98 to 200 mg/dL with no episodes of low sugar levels. Blood testing reports of the hemoglobin A1c level (a marker of diabetes control) on April 18, July 25, 2013, and January 20, 2014 showed levels were all below 7%. The reviewed documentation reported no complaints of sight problems, and thorough eye examinations consistently indicated there were no abnormalities. A Utilization Review decision was rendered on November 27, 2013 recommending non-certification for a talking glucose monitoring device.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TALKING GLUCOSE MONITORING DEVICE: 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 Other Medical Treatment Guideline or Medical Evidence: McCulloch DK, et al. Blood glucose self-monitoring in management of adults with diabetes mellitus, Topic 1781, Version 17.0. Up-to-date accessed 06/21/2014. American Diabetes Association. Standards of medical care in diabetes--2014. Diabetes Care 2014; 37(suppl 1): S1. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institues of Health, The A1c Test and Diabetes. http://diabetes.niddk.nih.gov/dm/pubs/A1C.

Decision rationale: The general benefit of self-monitoring of blood glucose levels remains controversial in the literature. The ADA Guideline, NIDDK, and the Up-to-date review support its use for some people with diabetes as one component of the care plan. When benefit is being obtained but visual disturbance or insufficiency prevents self-monitoring, the use of devices that have large screens or that audibly report the results can be helpful. The submitted and reviewed documentation does not describe a benefit from self-monitoring of blood glucose levels. The laboratory results from April 18 and July 25, 2013, and January 20, 2014 showed the hemoglobin A1c, a marker of disease control, was consistently lower than the accepted goal level despite the worker not reliably providing the self-monitoring results to the healthcare team at office visits ([redacted] notes July 29 and November 9, 2013 and [redacted] note dated October 8, 2013). The submitted documentation did not report a visual disturbance or insufficiency interfering with the member's self-monitoring process. The office notes reviewed consistently indicated there were no complaints or new issues involving the worker's sight beyond her use of corrective lenses, and thorough eye examinations consistently reported no abnormalities were found. The request for the purchase of a talking glucose-monitoring device is not medically necessary or appropriate.