

Case Number:	CM14-0128648		
Date Assigned:	09/16/2014	Date of Injury:	07/07/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, Interventional Spine and is licensed to practice in California. 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 patient is a 38-year-old male with a date of injury of 07/07/2013. The listed diagnoses per [REDACTED] are: 1. Meniscus tear. 2. Loose body in knee. 3. Diabetes. According to progress report 05/27/2013, the patient presents with ongoing right knee pain. The patient was evaluated for his type II diabetes and he is trying to get it under control so he can move forward with surgery. Physical examination revealed large effusion and 70 degrees of motion. The treating physician is requesting authorization for diabetes medication. Utilization review denied the request on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetes Medication (so patient may undergo surgery): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with a meniscus tear in the right knee. The treating physician is requesting "diabetes medication so his glucose can be controlled and he can move

forward with surgical intervention." Utilization review denied the request stating "there is no documentation of evaluation of patient's PTP or medication amount or dose." MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. In this case, the treating physician has concerns of patient's type II diabetes and is requesting diabetes medication to regulate glucose levels prior to surgery. The request is quite medically reasonable. Therefore, it is medically necessary.