

Case Number:	CM14-0182513		
Date Assigned:	11/07/2014	Date of Injury:	08/29/2011
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, neck, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of August 29, 2011. Thus, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and earlier knee surgery. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for diabetic test strips, citing allegedly poor documentation on the part of the attending provider. The applicant's attorney subsequently appealed. Laboratory testing dating May 13, 2014 was notable for a borderline-to-elevated blood sugar of 109. In a June 30, 2014 progress note, the applicant presented with bilateral hand pain, bilateral arm pain, shoulder pain, sleep disturbance, stress, anxiety, and depression. On August 11, 2014, the applicant was placed off of work, on total temporary disability, owing to various issues with carpal tunnel syndrome, shoulder pain, sleep disturbance, knee pain, stress, anxiety, and depression. In a July 20, 2014 progress note, the applicant was given a diagnosis of diabetes through preprinted check boxes. The attending provider sought authorization for diabetic lancets and test strips. The applicant's hemoglobin A1c was not documented, it is incidentally noted. In a September 13, 2014 progress note, difficult to follow, handwritten, not entirely legible, the applicant was given diagnoses of diabetes and hypertension through preprinted checkboxes. Diabetic test strips were sought. The applicant was continued on current medications. It was not clearly stated what the applicant's medication list was, nor was it stated how the diagnosis of diabetes has been arrived upon. The note, as noted previously, comprised almost entirely of preprinted checkboxes, with little-to-no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Test Strips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/24124968>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards of Medical Care in Diabetes-2014, American Diabetes Association (ADA)

Decision rationale: As noted by the American Diabetes Association (ADA), criteria for the diagnosis of diabetes including hemoglobin A1c greater than 6.5 or fasting plasma glucose greater than 126 or a two-hour plasma glucose greater than 200 during the oral glucose tolerance test or a random plasma glucose of 200 in applicant's with symptoms of hyperglycemia and/or evidence of hyperglycemia crisis. The ADA notes that results should be confirmed by repeat testing in the absence of "unequivocal hyperglycemia." Here, however, the attending providers handwritten progress notes did not clearly establish how the diagnosis of diabetes mellitus (DM) had been arrived upon. The records were surveyed. The applicant only had one random blood sugar of 109. This is not sufficient to arrive upon or establish a diagnosis of diabetes. There is no mention of the applicant having confirmatory testing. There was no mention that the applicant was using diabetes medications. It is far from clear, in short, that the applicant in fact carried a diagnosis of diabetes mellitus for which provision of diabetic test strips would be indicated. Therefore, the request is not medically necessary.