

Case Number:	CM14-0093149		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2011
Decision Date:	10/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine and is licensed to practice in D.C and Virginia. 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:

This is a 59 year old patient who sustained injury on May 23 2011. The patient was diagnosed with upper arm joint pain. The patient was being treated for diabetes with metformin and diabetic diet. The patient was found to have an elevated hemoglobin A1c on Feb 24 2014. The patient saw his primary care provider who ordered periodic fasting blood glucose testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting Blood Glucose: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <diabetes

Decision rationale: Per ODG, FPG(fasting plasma glucose test) is recommended for diagnosis of types 1 and 2 diabetes in children and nonpregnant adults. (Zhou, 2009). Also, called the fasting blood glucose test, this method of diagnosis is preferred because it is easy to administer, well-tolerated, inexpensive, reproducible and patient friendly. FPG performance as a diagnostic test can be affected by many factors that are clearly stated as risk factors for diabetes mellitus. These data emphasize how the interpretation of a diagnostic test varies as the patient

characteristics vary. (Karakay 2007). The FPG has given varied results in different populations and its use as a screening test for gestational diabetes remains uncertain. (Agarwal 2006) One study, which administered the test at first prenatal screenings, reported that its poor specificity (high false-positive rate) makes it an inefficient screening test for gestational diabetes. (Sacks 2003) However, it may be used as a precursor to determine whether or not a woman should take the oral glucose tolerance test at the six week postnatal visit (Holt 2003). See oral glucose tolerance test. This patient had known diabetes and required FPG testing for monitoring purposes. The patient was to have elevated hemoglobin A1c. This patient has established disease and an indication for the testing. It is medically reasonable and medically indicated.