

<b>Case Number:</b>	CM15-0171031		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Physical Medicine & Rehabilitation

### 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 3-18-2009. He reported developing bilateral upper extremity pain, numbness and tingling from repetitive activity and cumulative trauma. Diagnoses include right shoulder labral tear, rotator cuff partial tear, status post multiple right shoulder surgeries, anxiety, depression, gastroesophageal reflux disease and diabetes mellitus. He further has a history of cervical fusion, date unknown. Treatments to date include activity modification, anti-inflammatory, analgesic, physical therapy, acupuncture treatments, chiropractic therapy, and joint injections. Currently, he complained of no change in symptoms of acid reflux, diabetes mellitus, or hypertension, however, did report controlled diarrhea. The medical records indicated chronic pain in the cervical spine, right shoulder and low back. He underwent heart surgery for mitral valve replacement on 5-26-15. On 7-22-15, the physical examination documented A post-prandial blood glucose obtained was 80 mg-dL. The plan of care included a follow up with the primary treating physician. This appeal requested authorization for Accu-Check. The Utilization Review dated 8-7-15 denied this request indicating the documentation submitted did not support medical necessity per the ODG Diabetes Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Accu-Check:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 13th Edition, Diabetes (updated 05/06/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Types I, II and gestational) Chapter, under Glucose monitoring.

**Decision rationale:** The patient was injured on 03/18/09 and presents with bilateral upper extremity pain, numbness, and tingling. The request is for an Accu-Check. The RFA is dated 07/22/15 and the patient's current work status is not provided. ODG Guidelines, Diabetes (Types I, II and gestational) Chapter, under Glucose monitoring recommends "self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. Current glucose monitoring strategies can be classified into 2 categories: patient self-monitoring, which would allow patients to change behavior (diet or exercise) or medication dose (most often insulin), or long-term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months". The patient is diagnosed with right shoulder labral tear, rotator cuff partial tear, status post multiple right shoulder surgeries, anxiety, depression, gastroesophageal reflux disease, and diabetes mellitus. The utilization review denial letter states that "according to the June 18, 2014 evaluation, the patient apparently already has a blood glucose monitor at home. The reason for the request is not provided. Additionally, it is not clear if the request is for a home monitoring system or for regular testing at the doctor's office. The request is not medically necessary.