

<b>Case Number:</b>	CM15-0063717		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	04/12/1981
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 56-year-old male who sustained an industrial injury on 04/12/81. Initial complaints and diagnoses are not available. Treatments to date include medications and blood sugar monitoring. Diagnostic studies are not addressed. Current complaints include blood sugar fairly well controlled. Current diagnose include diabetes mellitus. In a progress note dated 03/03/15 the treating provider reports the plan of care as continued insulin, needles, and test strips, as well as a continuous glucose monitoring dexcom on the next visit due to reports of decreased weight, decreased use of insulin and increased carbohydrate intake. The requested treatment is continuous glucose monitoring and interpretation of the results/report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexcom ambulatory continuous Glucose Monitoring of Interstitial Tissue Fluid via a Subcutaneous sensor for a minimum of 72 hours, Sensor Placement, Hook-up, Calibration of Monitor, patient training, removal of sensor, and printout of recording:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Continuous glucose monitoring.

**Decision rationale:** Continuous glucose monitoring (CGM) generates an average glucose value every few minutes. The majority of these devices is inserted subcutaneously and measure interstitial fluid glucose. They require calibration with capillary blood glucose measurements. CGM can be used in adults and children with diabetes. CGM can be performed retrospectively, where there is no contemporaneous display of sensor readings or in real-time where the user can view readings on a monitor allowing immediate adjustment to therapy. Indications for CGM include: To lower HbA1c, when this remains above the individual's target despite optimized use of intensive insulin regimens, Suspected nocturnal hypoglycemia and/or early morning hyperglycemia, Suspected unrecognized hypoglycemia, HbA1c above individualized target despite intensified insulin therapy apparently optimized with self-monitoring, Persistent disabling hypoglycemia, and in pregnancy when HbA1c > 6.1% or problems with recurrent hypoglycaemia despite optimized intensive insulin therapy. In this case, there is no specific indication for CGM. There is no documentation regarding the patient's present level of glycemic control. Medical necessity for the requested item is not established. The requested item is not medically necessary.