MAXIMUS Federal Services

Case Number:	CM15-0071239		
Date Assigned:	04/21/2015	Date of Injury:	10/25/2010
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 41 year old male who sustained an industrial injury on 10/25/10. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include abdominal pain, acid reflux, blood sugar, blood pressure, and sleep quality. Current diagnoses include diabetes, hypertension, abdominal pain, acid reflux, and orthopedic diagnosis. In a progress note dated 02/19/15 the treating provider reports the plan of care as cardio-respiratory testing, laboratory studies, and medications and supplies including Lovaza, Metformin, Glipizide, Prev Pak, Gabadone, Sentra, and diabetic test strips, lancets, and alcohol swabs. The requested treatments are diabetic test strips, lancets, and alcohol swabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetic test strips, lancets, alcohol swabs: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation annals of family medicine, diabetes.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The annals of family medicine section on diabetes recommends routine diabetic blood sugar testing for people with diabetes. The frequency of testing recommended is dependent on diabetic control and medication required for control. The patient does have the diagnosis of diabetes and therefore the requesting testing supplies would be medically necessary and certified.