

<b>Case Number:</b>	CM15-0091417		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 67-year-old female, who sustained an industrial injury on June 18, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having diabetes mellitus triggered by industrial injury, hypertension triggered by industrial injury, elevated liver function tests, and chronic cervical spine strain, right shoulder supraspinatus tendon tear with impingement syndrome, lumbar spine sprain/strain, bilateral plantar fasciitis and right thumb tenosynovitis. Treatment to date has included diagnostic studies and medications. On February 18, 2015, the injured worker reported improving diabetes mellitus, hypertension, thoracic spine pain and lumbar spine pain. The treatment plan included laboratory testing, medications and a follow-up visit. On April 21, 2015, Utilization Review non-certified the request for Accu-check blood glucose test and cardio-respiratory testing, citing evidence-based research.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Accu-check blood glucose test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw8252.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCulloch DK, et al. Blood glucose self-monitoring in management of adults with diabetes mellitus, Topic 1781, Version 19.0. Up-to-date accessed 07/28/2014. American Diabetes Association. Standards of medical care in diabetes 2014. Diabetes Care 2014; 37(suppl 1): S1.

**Decision rationale:** Accu-check testing is a screening tool used to look at the amount of a sugar, or glucose, in the blood. The MTUS Guidelines are silent on this issue. The general benefit of self-monitoring of blood glucose levels remains controversial in the literature. The ADA Guideline and available literature support its use for some people with diabetes as one part of the care plan. The submitted and reviewed documentation did not discuss how well the worker's blood sugar was controlled, indicate the reason this screening test was needed instead of a more accurate blood test, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an accu-check blood glucose test is not medically necessary.

**Cardio-respiratory testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basile J, et al. Overview of hypertension in adults. Topic 3852, version 28.0. Up-to-date, accessed 08/16/2015.

**Decision rationale:** Cardiorespiratory testing generally looks at the heart and lungs overall, their functions, their structures, and the related blood flow. The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation concluded the worker suffered from high blood pressure, diabetes, and mid- and lower back pain. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request did not specify the type of testing, which does not allow for a determination of medical need. For these reasons, the current request for unspecified cardio-respiratory testing is not medically necessary.

**Sudo-scan:** 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/pmc/articles/PMC3817891/>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sudoscan product information. Impetomedical. <http://us.impeto-medical.com/sudoscan/about-sudoscan>. Accessed 08/15/2015. Stevens MJ. Diabetic autonomic neuropathy. Topic 5285, version 18.0. Up-to-date, accessed 08/16/2015. Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. Up-to-date, accessed 08/16/2015.

**Decision rationale:** A Sudoscan looks at certain elements of sweat on the palms and feet. The MTUS Guidelines are silent on this issue. There are several tests that look at sweat gland function as a way of examining the overall state of one part of the nervous system. There is limited research to support this type of testing. The submitted and reviewed documentation concluded the worker suffered from high blood pressure, diabetes, and mid and lower back pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a sudoscan is not medically necessary.