

Independent Medical Review Final Determination Letter

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Dated: 12/20/2013

IMR Case Number:	CM13-0018658	Date of Injury:	03/31/2004
Claims Number:	[REDACTED]	UR Denial Date:	08/14/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
DME : ACCUCHECK, BLOOD PRESSURE MONITOR;			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old male who reported an injury on 03/31/2004. The mechanism of injury was not provided for this review. The patient was stable with medications and dietary modifications. It was noted within the documentation that the patient was self-monitoring blood pressure and blood glucose. On 07/05/2013, it was noted that the patient's blood pressure was 125/79 mmHg with medication at 6 AM; with a heart rate of 70 beats per minute; and a blood glucose level of 165 mg/dl that was non-fasting with coffee. The patient's diagnoses included coronary artery disease status post coronary artery bypass graft, hypertension with left atrial enlargement, diabetes mellitus, and high cholesterol. The patient's treatment plan included medications and continued self-monitoring of the patient's blood pressure and glucose levels.

IMR DECISION(S) AND RATIONALE(S)

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

1. AccuCheck purchase is not medically necessary and appropriate.

The Claims Administrator based its decision on the JNC7; American Diabetes Association, Diabetes Care, Executive Summary: Standards of Medical Care in Diabetes-2013, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based

his/her decision on the Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension and Glucose monitoring.

The Physician Reviewer's decision rationale:

California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), do not address glucose monitoring. A review of the submitted clinical documentation does provide evidence that the patient is self-monitoring glucose levels. Official Disability Guidelines do recommend self-monitoring of glucose levels to contribute to the patient's treatment planning. However, it is indicated that the patient is currently monitoring and providing this information to the physician. There is no indication that the patient's current equipment is malfunctioning or providing false data. The clinical documentation submitted for review does provide evidence that the patient's diagnoses are stable with the current treatment plan.

Therefore, new equipment to monitor glucose levels would not be indicated. **The request for AccuCheck purchase is not medically necessary and appropriate.**

2. Blood pressure monitor purchase is not medically necessary and appropriate.

The claims administrator did not cite any evidence-based guidelines for its decision

The Expert Reviewer found that no section of the MTUS was applicable.

Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension and Glucose monitoring.

The Physician Reviewer's decision rationale:

California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), do not address blood pressure monitoring. A review of the submitted clinical documentation does provide evidence that the patient is self-monitoring blood pressure. Official Disability Guidelines do recommend self-monitoring of blood pressure to contribute to the patient's treatment planning. However, it is indicated that the patient is currently monitoring and providing this information to the physician. There is no indication that the patient's current equipment is malfunctioning or providing false data. The clinical documentation submitted for review does provide evidence that the patient's diagnoses are stable with the current treatment plan.

Therefore, new equipment to monitor blood pressure would not be indicated. **The request for blood pressure monitor purchase is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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