

<b>Case Number:</b>	CM13-0001303		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who was injured on 05/20/2011. The mechanism of injury is unknown. Prior treatment history has included medications. She is taking Xarelto as her blood thinner and she has about 2 days left as of 05/03/2013. She will transition to aspirin 325 mg, once in the morning and once at night, when she has completed her Xarelto. She has a history of 12 sessions of postoperative physical therapy. The patient underwent a total knee arthroplasty on 04/22/2013. PR-2 dated 06/28/2013 indicates the patient notes mild pain with activity. She has pain with prolonged walking and standing. She denies numbness or tingling radiating down the lower extremity. On exam, there is trace effusion is noted. There is mild tenderness anteromedial. Range of motion exhibits 120 degrees of flexion; Manual muscle testing shows quadriceps is 5-/5. She is observed ambulating full weight-bearing. The patient is neurologically intact to light touch sensation throughout. Impression is status post right total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARTIVISC FOR DX: 719.46, CHRONIC KNEE PAIN:** 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), Treatment Index, 11th Edition (web), 2013, Pain (Chronic), Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

**Decision rationale:** CA MTUS guidelines do not discuss the issue and hence ODG have been consulted. Cartivisc is a medical food with unknown ingredients. On a review of the medical literature it appears to contain chondroitin and glucosamine but it is unknown if other ingredients are present. The ODG guidelines recommend glucosamine for moderate knee osteoarthritis. However, the degree of this patient's arthritis was not discussed. Additionally, the clinical documentation did not discuss Cartivisc including its ingredients and specific indications. The request should include peer-reviewed literature to support the product, which is not used amongst common medical practice. Given the above and lack of clinical data in referenced guidelines the request is not medical necessary.