MAXIMUS Federal Services

Case Number:	CM13-0016760		
Date Assigned:	03/26/2014	Date of Injury:	11/03/2009
Decision Date:	04/30/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic left arm and knee pain reportedly associated with an industrial injury of November 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnoses with knee chondromalacia, meniscal tear, and knee arthritis; Synvisc injections; unspecified amounts of acupuncture, manipulative therapy, and physical therapy; topical compounds; and extensive periods of time off of work. In a Utilization Review report of August 10, 2013, the claims administrator denied a request for Cartivisc (glucosamine), citing non-MTUS Guidelines on medical foods, although the MTUS does address the topic at hand. The applicant's attorney subsequently appealed. An MRI of February 4, 2012 is notable for full-thickness chondromalacia, degenerative arthritis, a meniscal tear, and joint effusion. Earlier progress notes interspersed throughout 2012 are notable for comments that the applicant is off of work, on total temporary disability. On January 6, 2012, the attending provider sought authorization for Synvisc injections. On January 13, 2012, the applicant was described as having an effusion and fluid about the knees associated with arthritis. On June 18, 2012, the attending provider furnished the applicant with several topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF CARTIVISV: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: The request for Cartivisc is medically necessary, medically appropriate, and indicated here. Cartivisc or glucosamine is recommended in the treatment of knee arthritis, per page 50 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the applicant does have clinically evident, radiographically confirmed knee arthritis for which glucosamine (Cartivisc) is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

LIDO-KETO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The request for lidocaine-ketoprofen cream, conversely, is not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. The unfavorable recommendation on the ketoprofen ingredient results in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.