

Case Number:	CM13-0018761		
Date Assigned:	10/11/2013	Date of Injury:	06/25/2008
Decision Date:	01/23/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/30/2013

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 Orthopedic Surgery 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 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. 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 claimant is a 52-year-old gentleman who was injury June 25, 2008. The clinical records in this case include a progress report dated October 8, 2013 with treating physician [REDACTED], orthopedic surgeon. Subjective complaints on that date were of left upper extremity pain and neck pain with bilateral wrist pain aggravated with activity. The claimant was given diagnoses of status post arthroscopic debridement of the triangular fibrocartilage left wrist early row arthrosis, right wrist overuse tendonitis, rheumatoid arthritis and cervical discopathy. Recommendations at that time were for continuation of treatment in the form of pneumatic cervical traction as well as medication management. Documentation indicates that the claimant is being treated medically with Norco, Celebrex, Fluoroplex, a topical heat cream and glucosamine. The request at this time was for use of glucosamine in this case for the claimant's current clinical situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

glucosamine chondroitin 500/400 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Glucosamine (and Chondroitin Sulfate)..

Decision rationale: Based on California MTUS Guidelines, the role of glucosamine is recommended as an option, given its low risk in patients with moderate arthritic pain, particularly for "knee osteoarthritis". Guideline criteria does not recommend the role of its use for any particular diagnosis for which the claimant is currently being treated including triangular fibrocartilage complex (TFCC) tearing, overuse tendonitis, rheumatoid arthritis or cervical discopathy. The continued use of this agent would not be indicated in this claimant's clinical course of care.