

Case Number:	CM13-0036068		
Date Assigned:	12/13/2013	Date of Injury:	11/06/2007
Decision Date:	02/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 patient is a 58-year-old female who was injured in a work related accident on November 6, 2007. The clinical report from August 23, 2013 indicated diagnoses of right shoulder rotator cuff tendinosis and degenerative joint disease with impingement. There were also complaints of bilateral epicondylitis, left cubital and right carpal tunnel syndrome. Recommendations at that time were for continuation of medications in the form of Cartivisc, which is a form of glucosamine for the joints. There is also a recommendation for three month follow-up assessment for orthopedic reevaluation. Subjectively at that time, the patient was documented to have continued right shoulder complaints as well as left shoulder symptoms with physical examination showing limited range of motion to the right shoulder, positive impingement signs and tenderness to the acromioclavicular (AC) joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation within three months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on American College of Occupational and Environmental Medicine (ACOEM), Chapter 9, page 207. The Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, orthopedic reevaluation would appear warranted. The claimant, while with chronic complaints, continues to be treated for orthopedic injuries including the wrists, elbows and shoulders. At the last assessment the claimant was symptomatic and prescribed treatment. Orthopedic follow up, given the nature of her injury, in three months' time would appear medically necessary.

Cartivisc #90: Upheld

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

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

Decision rationale: Based on MTUS Chronic Pain Guidelines, continued use of Cartivisc would not be supported. The MTUS Chronic Pain Guideline criteria indicate that glucosamine is recommended as an option given its low risk in patients with moderate arthritic pain, particularly to the knee. The claimant's current working diagnoses in this case is that of rotator cuff tendinosis, impingement, bilateral epicondylitis, left cubital and right carpal tunnel syndrome with degenerative changes to the AC joint. MTUS Guideline criteria do not indicate the use of glucosamine for degenerative changes to the AC joint of the shoulder. The specific request for continuation of this agent would not be supported by Guideline criteria.