

<b>Case Number:</b>	CM13-0041218		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/23/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

A 40-year-old female, injury date 02/23/2009. The request for Cartivisc 500/200/150 was denied per utilization review letter 10/08/2013. The rationale was the lack of confirmation that this patient has pain secondary to arthritis. Per [REDACTED] report 09/11/2013, the patient presents with persistent right knee pain, working full duty. The list of diagnosis is right knee pain following arthroscopy 02/21/2013. Under treatment plan, he is recommending Cartivisc for joint nutrition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cartivisc 500/200/150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** This patient presents with chronic knee pain with prior history of right knee arthroscopy for lateral meniscectomy. The advanced chondromalacia of the medial and lateral compartments of the knees was identified. There are no x-ray or MRI reports provided for my

review, and despite review of multiple reports by [REDACTED] and QME reports from 09/25/2013 and 10/15/2013, I was unable to uncover any documentation of significant osteoarthritis of the knee. MTUS Guidelines page 50 does support use of glucosamine for arthritic knee pain. However, this patient suffers from significant chondromalacia which is a different condition than osteoarthritis. Recommendation is for denial.