

Case Number:	CM13-0058251		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2010
Decision Date:	04/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 54-year-old male who reported injury on 07/01/2010. The patient's diagnosis was noted to be lumbago. The mechanism of injury was noted to be the patient sustained injuries while smashing his right hand between a metal bar and boxes. The documentation on 07/01/2013 revealed the physician had issued the Cartivisc for the patient's shoulder because the patient had cartilage damage and decreased cartilage in the shoulder after surgery. It was indicated the physician was trying to give the patient the supplement to improve the situation with the shoulder. The request was made for Cartivisc.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATIONS PRESCRIBED (CARTIVISC) (DOS: 9/25/13) FOR LOW BACK, LEFT SHOULDER: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate glucosamine and chondroitin sulfate for patients with moderate arthritis pain. The patient's diagnosis was noted to include left shoulder derangement status post left shoulder injection. The clinical documentation indicated that the patient had a recent flare-up. The documentation on 07/01/2013 revealed the physician had issued the Cartivisc for the patient's shoulder because the patient had cartilage damage and decreased cartilage in the shoulder after surgery. It was indicated the physician was trying to give the patient the supplement to improve the situation with the shoulder. The request as submitted failed to indicate the quantity of Cartivisc being requested. Given the above and the lack of documentation that the patient had arthritis, the request for retrospective medications prescribed (Cartivisc) (DOS: 9/25/13) for low back, left shoulder is not medically necessary.