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| Case Number: | CM13-0061669 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/08/2012 |
| Decision Date: | 04/07/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 & Rehabilitation, has a subspecialty in Pain 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 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 28-year-old male who reported an injury on 08/08/2012. The mechanism of injury was not provided for review, but resulted in a fractured right lower leg and ankle. He received an open reduction and internal fixation of his right ankle and has healed well postoperatively. The patient is noted to take a glucosamine supplement that is effective in maintaining a reduction in pain and improving his function. The patient has returned to work full time without restrictions and has no persistent complaints other than ankle pain. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine and Chondroitin Caps 500-400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines recommend glucosamine and chondroitin as an option in patients experiencing moderate arthritis pain. This supplement has been highly effective in all outcomes,

including joint space narrowing, pain, mobility, safety, and response to treatment. As the patient has a history of a right ankle and lower leg fracture, and is more than likely experiencing post-traumatic arthritic pain, it is appropriate that he utilize such a supplement to aid in continued joint health. However, the current request does not specify a quantity desired and therefore, appropriateness cannot be determined. As such, the request for glucosamine and chondroitin caps 500-400 mg is non-certified.