

Case Number:	CM13-0066688		
Date Assigned:	01/03/2014	Date of Injury:	07/07/2011
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 female who sustained an industrial injury on 7/7/11. An exam note dated 10/23/13 demonstrates low back and right hip pain. There are complaints of neck, shoulder, right wrist, left knee pain, and left ankle swelling. Exam demonstrates lumbar paraspinal tenderness over greater trochanteric bursa, decreased flexion and positive Trandelenburg maneuver. There are diagnoses of L4/5 and L5/S1 spondylolisthesis, and right hip arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 CARTVISC 500/200/150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50-51,111.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Cartvisc is a compounded medication including chondroitin sulfate, glucosamine sulfate, and Dimethylsulfone. Glucosamine is an option for patients with knee osteoarthritis, but

not for hip osteoarthritis. Since one of the components of Cartvisc is not recommended, the entire compound cannot be recommended. Therefore, the request is not medically necessary.

RIGHT TOTAL HIP ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM is silent on the issue of total hip arthroplasty, so the Official Disability Guidelines were used. The records do not satisfy the ODG criteria for total hip arthroplasty. There is no evidence of night pain, prior injections, or evidence of significant osteoarthritis of the hip on radiographic report to warrant a total hip arthroplasty. Therefore, the request is not medically necessary.