

<b>Case Number:</b>	CM14-0008041		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 injured worker is a 62 year old male injured on 12/07/94 due an undisclosed mechanism of injury. Current diagnoses include traumatic arthritis of the left knee, status post left total knee replacement, traumatic arthritis of the right knee, long term NSAID use, internal derangement of the left knee with effusion, and wear complication of left total knee replacement. The documentation indicates the injured worker is 5 years post left total knee replacement which required a left knee manipulation postoperatively for stiffness. The clinical note dated 01/14/14 indicates the injured worker continues to manifest suboptimal results of surgery due to chronic pain, swelling, and clunking in his left knee although he continues to demonstrate very good range of motion. The documentation indicates the injured worker has constant ache in his left knee, but when he does not use Cosamin DS, bilateral knees cause him increased discomfort. His right knee aches on a weekly basis with sharp pain in the back of the knee with certain activities and the anterior aspect of his right knee has painful crepitus. Physical examination reveals visible swelling of the left knee, full flexion from 0 to 140 degrees, multiple complex clunks are still present in the left knee as it goes through the last 30 degrees of extension. The injured worker continues to play golf and work out 3-4 times a week and is compliant with conservative treatment. Current medications include Celebrex 200mg BID, Cosamin DS 500mg QD, Prilosec, and multiple daily vitamins. The previous request for Glucosamine-Chondroitin CPLT was non-certified on 12/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GLUCOSAMINE-CHONDROIT CPLT:** Overturned

**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), Page(s): 50.

**Decision rationale:** As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate) are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The updated clinical documentation dated 01/14/14 indicates the injured worker continues to manifest suboptimal results of surgery due to chronic pain, swelling, and clunking in his left knee. The patient was also assigned a diagnosis of traumatic arthritis of the left knee, status post left total knee replacement, and traumatic arthritis of the right knee. The previous request for Glucosamine-Chondroit CPLT was denied due to a lack of osteoarthritis in the contralateral knee. This has been rectified in the updated documentation. As such, the request for Glucosamine-Chondroit CPLT is recommended as medically necessary.