

Case Number:	CM14-0133710		
Date Assigned:	08/27/2014	Date of Injury:	11/10/2008
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old was reportedly injured on November 10, 2008. The mechanism of injury is noted as a repetitive stress injury. The most recent progress note, dated July 28, 2014, indicates that there are ongoing complaints of shoulder pain and upper extremity symptoms. The physical examination demonstrated a marked decrease in right shoulder range of motion, a positive Finkelstein's test bilaterally, a positive Tinel's test left greater than right, and tenderness to palpation. Diagnostic imaging studies were not reported in the progress notes reviewed. Previous treatment includes multiple medications, chiropractic care, massage therapy and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on August 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine/Chondroitin 500/400 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines support glucosamine and chondroitin sulfate as an option given the low risk in patients with moderate knee osteoarthritis. Review of the available medical records, fails to document a diagnosis or imaging studies demonstrating osteoarthritis of the knees. Furthermore, there is no notation of the efficacy or utility with the use of this preparation. As such, the request for Glucosamine/Chondroitin 500/400 mg is not medically necessary or appropriate.