

Case Number:	CM14-0047902		
Date Assigned:	06/25/2014	Date of Injury:	10/28/2013
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 29 year old male with an injury date of 10/28/13. Based on the 07/24/13 progress report provided by [REDACTED], the patient complains of pain on the dorsum of his wrist. There is tenderness over the extensor surface of his right wrist. There is pain triggered over the extensor surface during ROM (Range Of Motion). The 07/17/13 X-ray of the right wrist reveal chronic mid waist scaphoid fracture demonstrated with developing pseudoarthrosis and sclerosis. His diagnoses include Right wrist strain and Right wrist contusion. [REDACTED] is requesting for cartivisc 500/200/150 mg #90 for joint nutrition. The utilization review determination being challenged is dated 03/13/14. [REDACTED] is the requesting provider, and he provided four treatment reports from 07/17/13, 07/24/13, 08/01/13, and 02/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200/150mg, #90 for joint nutrition: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=34435>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation: Official Disability Guidelines (ODG) Glucosamine/Chondroitin for arthritic knee pains.

Decision rationale: According to the 07/24/13 report by [REDACTED], the patient presents with pain on the dorsum of his wrist. The request is for cartivisc 500/200/150 mg #90, which contains glucosamine sulfate and other substances, for joint nutrition. Glucosamine sulfate is supported for use for severe arthritic knee problems per ODG Guidelines. It is not recommended for other joint problems. This patient does not present with arthritic knee pain for which glucosamine would be indicated. There is no guideline support for use of glucosamine for the wrist. Therefore, the request for Cartivisc 500/200/150mg #90 for joint nutrition is not medically necessary and appropriate.