

Case Number:	CM14-0061985		
Date Assigned:	07/09/2014	Date of Injury:	10/21/2012
Decision Date:	09/03/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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 28-year-old male who has submitted a claim for left knee chondromalacia patella associated from an industrial injury date of October 26, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated May 13, 2014 revealed that the patient complains of constant left knee pain rated 6/10. On physical examination, there is limitation in range of motion of the left knee with flexion to approximately 110 degrees and extension 0 degree. Treatment to date has included right ankle surgery (4/26/13), TENS, and medications, which include Percocet, cyclobenzaprine, Terocin, Flurbi /Lido/ Amitryp cream, Gaba/Cycl/Tram cream, Xolindo cream and Genicin. Utilization review from March 21, 2014 denied the request for Genicin #90 capsules because the records do not establish a diagnosis of knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genicin #90 Capsules.: Upheld

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, page 50 Page(s): 50.

Decision rationale: As stated on page 50 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient has persistent left knee pain. However, he is a diagnosed case of chondromalacia and not osteoarthritis. The medical necessity for glucosamine was not established. Therefore, the request for Genicin #90 capsules is not medically necessary.