

Case Number:	CM14-0066525		
Date Assigned:	07/14/2014	Date of Injury:	01/06/2013
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 Preventive 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:

According to the records made available for review, this is a 49-year-old female with a 1/6/13 date of injury and status post right thumb release (undated). At the time (4/10/14) of the Decision for Cartivisc 500/200/150mg #90, there is documentation of subjective (constant moderate right wrist and hand pain radiating to the arm and shoulder with numbness and tingling) and objective (no pertinent findings) findings, current diagnoses (injury to the finger(s)/thumb), and treatment to date (physical therapy and right thumb injection). There is no documentation of moderate arthritis pain.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation (<http://rxusa.com/cgi-bin2/db/db.cgi?name2=met>).

Decision rationale: An online search identifies Cartivisc as Glucosamine Sulfate/Chondroitin Sulfate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of

moderate arthritis pain as criteria necessary to support the medical necessity of Glucosamine and Chondroitin Sulfate. Within the medical information available for review, there is documentation of a diagnosis of injury to the finger(s)/thumb. However despite documentation of constant moderate pain, there is no (clear) documentation of moderate arthritis pain. Therefore, based on guidelines and a review of the evidence, the request for Cartivisc 500/200/150mg #90 is not medically necessary.