

Case Number:	CM14-0187957		
Date Assigned:	11/18/2014	Date of Injury:	11/21/2013
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 11/21/13. A utilization review determination dated 11/3/14 recommends non-certification of glucosamine/chondroitin. Voltaren gel and a TENS trial were certified. 10/22/14 medical report identifies left knee pain with some numbness and tingling in the toes. On exam, there is a palpable popliteal cyst and generalized tenderness. A cortisone injection was recommended. 10/16/14 medical report identifies pain in the left knee and leg as well as the bilateral hips. There is numbness and tingling in the bilateral hands, left leg, and feet, and weakness in the left leg. On exam, there is tenderness, ballotable left patella and slight effusion of the left knee, limited ROM, positive patella grind test on the left, and EHL weakness on the left at 4/5. Recommendations include physical therapy, steroid injections to the left knee, glucosamine/chondroitin, EMG/NCV, left knee x-ray, TENS trial, and Voltaren gel.

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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

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

Decision rationale: Regarding the request for glucosamine/chondroitin, CA MTUS states that it is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine/chondroitin would be supported by the CA MTUS. In the absence of such documentation, the currently requested glucosamine/chondroitin is not medically necessary.