

Case Number:	CM14-0198878		
Date Assigned:	12/09/2014	Date of Injury:	08/01/2012
Decision Date:	01/30/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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:

The injured worker is a 48-year old female correctional officer who suffered an injury on 08/01/12 due to repetitive motion. The records provided document chiropractic treatments top her both shoulders. She had surgery on the right shoulder on 02/04/12. Her diagnoses include right shoulder impingement syndrome with paralabral cyst, left shoulder impingement syndrome with SLAP tear, and bilateral carpal tunnel syndrome. Per the physician notes from 10/22/14 she has failed conservative treatment for her left shoulder and surgery is recommended. The requested treatments are Glucosamine and Chondroitin. These treatments were denied by the Claims Administrator on 10/30/14 and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine HCL 1500mg QTY: 300.00: Upheld

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

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

Decision rationale: Regarding the request for glucosamine, CA MTUS states that glucosamine and chondroitin 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 would be supported by the CA MTUS. In the absence of such documentation, the currently requested glucosamine is not medically necessary.

Chondroitin sulfate 1200mg QTY: 30.00: Upheld

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

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

Decision rationale: Regarding the request for chondroitin, CA MTUS states that glucosamine and chondroitin 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 chondroitin would be supported by the CA MTUS. In the absence of such documentation, the currently requested chondroitin is not medically necessary.