

Case Number:	CM15-0206646		
Date Assigned:	10/23/2015	Date of Injury:	06/28/2011
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 62 year old, male who sustained a work related injury on 6-28-11. A review of the medical records shows he is being treated for right knee and low back pain. In the progress notes dated 6-15-15 and 8-31-15, the injured worker reports persistent right knee pain. He has occasional weakness in right knee. He reports persistent low back pain with activity. On physical exam dated 8-31-15, he has clicking with right knee range of motion. He has trace swelling in right knee. He has tenderness at the right lateral patella and lateral tibia-femur area. Treatments have included physical therapy, acupuncture, right knee surgery, use of right knee brace, chiropractic treatments, traction, swimming and medications. Current medications include none noted. He is not working. The treatment plan includes requests for acupuncture sessions, physical therapy, for a hinged knee brace and for Glucosamine and Chondroitin. The Request for Authorization dated 9-21-15 has requests for physical therapy, acupuncture, for a hinged knee brace and for Glucosamine and Chondroitin with MGM (MSM). In the Utilization Review dated 10-2-15, the requested treatment of Glucosamine and Chondroitin with MSM is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine Chontroitin with MSM (methylsulfonylmethane): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: Glucosamine is used in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated efficacy for crystalline glucosamine, including joint space narrowing, pain, mobility, safety, and response to treatment. In this injured worker, the complaint is for pain but there is not a documented diagnosis of knee osteoarthritis. The records do not substantiate the medical necessity of glucosamine. The request is not medically necessary.