

<b>Case Number:</b>	CM15-0081435		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained an industrial injury on February 28, 2003. Previous treatment includes medications, physical therapy, and activity modifications. Currently the injured worker complains of bilateral knee pain and left foot/ankle pain. Diagnoses associated with the request include right elbow epicondylitis, bilateral carpal tunnel syndrome, bilateral knee arthroscopy, left knee arthrosis, right knee severe osteoarthritis, and right fourth digit flexor tendon nodule. The treatment plan includes total knee arthroplasty and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cidaflex #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The request for Cidaflex which is chondroitin/glucosamine is considered medically necessary. MTUS guidelines state that this may be an option for treatment of

moderate arthritis especially knee osteoarthritis given its low risk. The patient has been diagnosed with severe knee osteoarthritis and continues with pain. She is awaiting approval for right knee arthroplasty. Her Ibuprofen was also denied. In the meantime, it is reasonable to treat with low risk Cidaflex.