

Case Number:	CM14-0114151		
Date Assigned:	08/04/2014	Date of Injury:	03/09/2008
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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 applicant is represented [REDACTED] employee, who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of March 10, 2008. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a request for Condrolite (glucosamine-chondroitin). Somewhat incongruously, the claims administrator then documented that the applicant had radiographic evidence of shoulder arthritis, but no evidence of knee arthritis. The applicant's attorney subsequently appealed. In a handwritten note dated April 9, 2014, the applicant apparently presented with multifocal neck, knee and low back pain. The note was extremely difficult to follow. The applicant was placed off of work, on total temporary disability. Several medications were refilled, including topical compounds, Motrin, and Prilosec. On January 9, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was status post carpal tunnel release surgery, as stated. Norco, Motrin, Prilosec and Voltaren gel were renewed. In an operative report dated April 13, 2012, the applicant underwent arthroscopic labral debridement, subacromial decompression, and rotator cuff repair surgery to ameliorate postoperative diagnosis of shoulder rotator cuff tear with acromioclavicular joint arthrosis with labral fraying and chondromalacia of the glenoid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite (unknown quantity, duration, frequency): Overturned

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

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

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine-chondroitin is recommended as an option given its low risk, in applicants with moderate arthritis pain, and especially knee arthritis. In this case, the applicant appears to have persistent complaints of shoulder pain associated with shoulder arthritis. Introduction and/or ongoing usage of glucosamine-chondroitin is indicated, appropriate, and supported by page 50 of the MTUS Chronic Pain Medical Treatment Guidelines for the same. Therefore, the request is medically necessary.