

<b>Case Number:</b>	CM14-0133030		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/04/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

Injured worker is a female with date of injury 8/1/2007. Per primary treating physician's progress report dated 7/7/2014, the injured worker complains of right knee pain, left knee pain due to guarding the right knee and difficulty sleeping due to pain. He describes his bilateral knee pain as 5/10, right greater than left. He continues to do his exercises and utilize ice. Right knee examination shows slight tenderness over the medial knee, patellar region and lateral knee, with reduced flexion. Left knee examination shows slight tenderness over the peripatellar region. There is slight swelling of the left knee, and reduced flexion. Gait is normal. Diagnosis is right knee strain with contusion and residual ongoing pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cidaflex 500/400mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

**Decision rationale:** The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee

osteoarthritis. The injured worker has been diagnosed with knee contusion and strain, not osteoarthritis. Cidaflex is glucosamine 500 mg with chondroitin 400 mg. This request is for a refill. Therefore the request is not medically necessary.

**Orthopedic follow up:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting physician reports that the follow up orthopedic visit is for the injured worker's bilateral knees and for possible Visco or steroid injections to see if that helps decrease any discomfort. The requesting physician is looking for specialist's assistance in the management of this injured worker. Whether Visco or steroid injection is medically necessary at this point isn't particularly relevant until the specialist evaluates the injured worker. Therefore the request is medically necessary.