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| Case Number: | CM15-0170219 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 09/03/2013 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 33 year old female, who sustained an industrial injury on 9-3-13. The injured worker was diagnosed as having left knee chronic pain, status post left knee arthroscopy in 4-2014 and right knee pain from overcompensation injury. On 8-4-14 the injured worker had a right knee MRI showing a horizontal tear in the posterior horn of the medial meniscus. The physical exam (4-2-15 through 7-8-15) revealed 8-9 out of 10 pain without medications, tenderness laterally on the right knee, hypersensitivity on the left lateral knee and no effusion. Treatment to date has included an Orthrovisc injection series (third injection on 11-20-14), a home exercise program, cognitive behavioral therapy, a topical compound cream and Voltaren gel. As of the PR2 dated 7-30-15, the injured worker reports pain in her knees. Objective findings include tenderness laterally on the right knee and hypersensitivity on the left lateral knee and no effusion. The treating physician requested glucosamine Chondroitin. On 8-11-15, the treating physician requested a Utilization Review for glucosamine Chondroitin. The Utilization Review dated 8-17-15, non-certified the request for glucosamine Chondroitin. The physician reviewer stated that "the guideline indicates that glucosamine Chondroitin and Chondroitin sulfate are not effective in reducing knee pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine Chondroitin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Glucosamine (and Chondroitin sulfate).

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for chronic left knee pain with a history of arthroscopic surgery in April 2014. When seen, she was having bilateral knee pain. Physical examination findings included right knee tenderness and left knee hypersensitivity. Oral medications have included ibuprofen and naproxen. Glucosamine sulfate without Chondroitin sulfate is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the claimant has ongoing knee pain due to arthritis. However, Chondroitin is also being requested which is not considered medically necessary.