

Case Number:	CM15-0026222		
Date Assigned:	02/19/2015	Date of Injury:	09/08/2010
Decision Date:	06/16/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/11/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old male who sustained an industrial injury on 9/8/2010. His diagnoses, and/or impressions, are noted to include: chronic left knee pain; left knee internal derangement and degenerative joint disease, with 2 left knee surgeries (2009 & 2011), and a total left knee arthroplasty (4/18/13). No current imaging studies are noted. His treatments have included surgical interventions and pain management, medication management and urine toxicology screening. Progress notes of 11/11/2014 noted chronic left knee pain made worse by activity and repetitive use, and improved with medications. The objective findings were noted to include no deformities; left knee tenderness; symmetrical bilateral limb muscle girth; full and painless range-of-motion; and no instability. It was noted he is not employed. The physicians requests for treatments were noted to include a fluoroscopically guided Geniculate left knee block to treat chronic left knee pain, which has failed all surgical and non-surgical treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Geniculate Block: Fluoroscopically-Guided left knee Supermedial, Superolateral and Inferomedial: 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) Knee and Leg Chapter; <http://www.ncbi.nlm.nih.gov/pubmed/21055873>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on radiofrequency neurotomy about the knee. ODG knee is referenced. Radiofrequency neurotomy is not recommended until higher quality evidence exists. The request is therefore not in keeping with the guidelines and is not medically necessary.

Glucosamine Sulfate 500 mg # 90: Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate), page 50, states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). A randomized, double-blind placebo controlled trial, with 212 patients, found that patients on placebo had progressive joint-space narrowing, but there was no significant joint-space loss in patients on glucosamine sulphate. Another RCT with 202 patients concluded that long-term treatment with glucosamine sulfate retarded the progression of knee osteoarthritis, possibly determining disease modification." In this case, there is lack of imaging evidence of knee osteoarthritis from the exam note of 1/17/15. Based on this the request is not medically necessary.