

Case Number:	CM15-0067132		
Date Assigned:	04/14/2015	Date of Injury:	06/24/2008
Decision Date:	05/13/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
 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 52 year old male, who sustained an industrial injury on 6/24/08. The injured worker has complaints of right knee and lower back pain. The diagnoses have included depressive disorder; medial meniscal tear knee and sprain lumbosacral. Treatment to date has included relafen helpful having gastrointestinal complaints; glucosamine helpful and his knee complaints as minimal; cartivisc; tramadol; X-rays of the knee and back; acupuncture and magnetic resonance imaging (MRI) of the right knee. The request was for retrospective request for cartivisc 500/200/150 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cartivisc 500/200/150 #90: Upheld

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

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

Decision rationale: Cartivisc contains glucosamine and chondroitin sulfate. According to the guidelines, these supplements are recommended for those with mild osteoarthritis. Prior x-rays of the knee in 10/6/14 and MRI of the knee on 10/5/12 did not indicate osteoarthritis. The exam findings did not indicate effusion, elevated ESR, crepitis, etc. The claimant does not have a diagnosis of osteoarthritis and the request for Cartivisc is not medically necessary.