

Case Number:	CM13-0063371		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2003
Decision Date:	05/23/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is an employee of [REDACTED] and has submitted a claim for left knee pain related to an industrial injury date of July 9, 2003. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercises, Synvisc injections, psychotherapy, and left knee total knee arthroplasty. Medical records from 2009 through 2014 were reviewed, which showed that the patient complained of left knee pain which was warm to touch. The patient is noted to be post-prosthetic foreign body synovitis that was chronic. No fever, weight loss, or systemic complaints noted. On physical examination, the patient had knee swelling with scars from previous surgery. The knee was warm to touch and clearly abnormal compared to the right knee. A referral to [REDACTED] (rheumatologist) was requested for a trial of treatment with Plaquenil for management of presumed foreign body chronic synovitis

IMR ISSUES, DECISIONS AND RATIONALES

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

REFER TO [REDACTED] (RHEUMATOLOGIST) FOR A TRIAL OF TREATMENT WITH PLAQUENIL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 127, 156.

Decision rationale: According to pages 127 and 156 of the ACOEM guidelines, consultations are recommended; a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, a referral to [REDACTED] (rheumatologist) was requested for a trial of treatment with Plaquenil for management of presumed foreign body chronic synovitis; however, the medical reports indicate that the use of Plaquenil for management of the aforementioned diagnosis was only based on personal anecdotes of the rheumatologist. Furthermore, the medical reports failed to indicate clinical studies that support the use of Plaquenil in the management of presumed foreign body chronic synovitis. There is no clear indication for treatment with Plaquenil by a rheumatologist; therefore the request is not medically necessary.