

<b>Case Number:</b>	CM14-0025346		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopedic Surgery, 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 53-year-old female sustained an industrial injury 7/9/03. She is status post right knee lateral meniscectomy, partial medial meniscectomy, chondroplasty and removal of large loose body on 8/31/14, left knee total knee arthroplasty on 6/27/07, and left knee revision arthroplasty in May 2012. Synvisc injections have been documented in 2008 and 2013 for her right knee articular arthritic chondromalacia symptoms with significant benefit lasting 6 months. Records documented that the patient was intolerant to oral non-steroidal anti-inflammatory drugs (NSAIDs). Significant functional benefit was documented with acupuncture treatment to the low back from 7/19/13 to 9/4/13 with improvement in the revised Oswestry score from 74 to 44%. The 1/15/14 treating physician progress report cited a severe flare of right knee pain with frequent popping, cracking, and periodic swelling, that failed to respond to home management. Diminished function in normal activities of daily living and decreased tolerance for prolonged weight bearing/walking, stairs and deep-knee bending were noted. Residual diffuse aching low back pain and periodic spasms were not controlled by antispasmodics. Left knee pain was diffuse and aching, with a history of frequent effusions requiring aspirations due to pain. Previous left knee work-up was negative for hardware loosening, metal allergy, or infection, and a trial of Plaquenil was recommended. Lumbar exam findings documented paraspinal tenderness, diminished and painful range of motion, intact neurologic exam, and negative nerve tension signs. Right knee exam documented range of motion 0-120 degrees with positive crepitus and patellar grind, negative instability or meniscal signs, negative patellar apprehension, and positive lateral and medial joint line tenderness. Left knee exam documented mild positive effusion, slight increased warmth, range of motion 0-120 degrees, negative instability, and moderate bilateral joint line tenderness. The diagnosis was left total knee arthroplasty with frequent effusion, right knee chondromalacia, low back pain with periodic spasms, and major depressive

disorder. A right knee corticosteroid injection was performed due to the severe flare-up of her right knee pain. The treatment plan recommended 8 acupuncture visits for the lumbar spine, Synvisc x 3 injections for the right knee, and referral to the rheumatologist for a trial of treatment of Plaquenil due to her on-going left knee complaints. The 1/28/14 utilization review non-certified the request for viscosupplementation injections for the right knee based on an absence of guideline support for use in the treatment of chondromalacia. The request for continued treatment with [REDACTED] for Plaquenil therapy was partially certified for treatment with a rheumatologist for Plaquenil therapy. The request for acupuncture x8 was partially certified for 6 visits consistent with guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **VISCOSUPPLEMENTATION INJECTIONS FOR THE RIGHT KNEE, QUANTITY THREE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, last updated 01/09/2013, Criteria for Hyaluronic acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections.

**Decision rationale:** Under consideration is a request for viscosupplementation injections for the right knee x 3. The California MTUS guidelines do not provide recommendations for these injections in chronic knee complaints. The Official Disability Guidelines state that viscosupplementation is recommended for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments. Guideline criteria have been met. This patient presents with a long standing history of right knee articular arthritic chondromalacia symptoms. The knee has a meniscal cartilage deficit and an articular cartilage abnormality. Significant past benefit is documented with Synvisc injections. Intolerance to non-steroidal anti-inflammatory drugs is documented. The patient presented with a severe flare that did not respond to conservative treatment. Therefore, this request for viscosupplementation injections for the right knee x 3 is medically necessary.

#### **CONTINUED TREATMENT WITH RHEUMATOLOGIST [REDACTED] FOR PLAQUENIL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, last updated 01/09/2013.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse, Jokar M1,

Mirfeizi Z, Keyvanpajouh K. The effect of hydroxychloroquine on symptoms of knee osteoarthritis: a double-blind randomized controlled clinical trial. Iran J Med Sci. 2013 Sep;38(3):221-6.

**Decision rationale:** Under consideration is a request for continued treatment with rheumatologist, [REDACTED], for Plaquenil therapy. The California MTUS and Official Disability Guidelines are silent regarding Plaquenil therapy. The National Guideline Clearinghouse was searched and findings from a double-blind randomized controlled clinical trial concluded that Plaquenil (hydroxychloroquine) conferred significant improvement in the symptoms of mild to moderate knee osteoarthritis and was recommended for knee osteoarthritis treatment. A trial of Plaquenil therapy has been recommended to address the on-going left knee effusions. The 1/28/14 utilization review partially certified the treatment, but not the specific provider. The specific provider is a carrier determination, not a utilization review decision. The intent of this request has been certified. Therefore, this request for continued treatment with rheumatologist [REDACTED] for Plaquenil therapy is not medically necessary.

**ACUPUNCTURE FOR THE LUMBAR SPINE, QUANTITY TWO TIMES FOUR, QUANTITY EIGHT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Under consideration is a request for acupuncture to the low back 2x4. The California MTUS Acupuncture Guidelines indicate that acupuncture may be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have been met. This patient presents with low back pain and spasms that is not being effectively managed by antispasmodics. She is intolerant of non-steroidal anti-inflammatory drugs. Significant prior functional benefit was documented with acupuncture to the low back. The 1/28/14 utilization review partially certified this request for 6 visits of acupuncture, consistent with guidelines. There is no compelling reason presented to support the medical necessity of additional treatment beyond 6 visits. Therefore, this request for acupuncture to the low back 2x4 is not medically necessary.