

Case Number:	CM13-0062997		
Date Assigned:	04/30/2014	Date of Injury:	04/26/2010
Decision Date:	06/12/2014	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 Psychiatry 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 right knee pain associated with an industrial injury date of April 26, 2010. Treatment to date has included right knee arthroscopy (8/30/10), steroid injection, Synvisc injection, knee brace, physical therapy, and medications which include Lunesta, Cymbalta, codeine, and ibuprofen. Medical records from 2010-2014 were reviewed the latest of which dated January 27, 2014 which revealed that the patient reports increased symptoms since her last visit. She has left knee pain 8/10 with buckling and right knee pain 5-8/10. Symptoms of depression and anxiety are better, however, difficulty sleeping has increased. On physical examination, patient has an antalgic gait. She ambulates with assistance of cane. On examination of the right knee, there is a well healed scar. There is tenderness of bilateral knee, with left greater than right. There is positive Steinman's and McMurray's test. In the clinical evaluation dated December 2, 2013, the patient reports improved anxiety, depression and quality of sleep. Utilization review from January 15, 2014 denied the request for monthly visits for psychotropic medication times 6 months qty: 6.00 because there has been no current or recent documentation of an evaluation demonstrating findings of significant or ongoing psychopathology that would support referral to a psychiatrist for prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY VISITS FOR PSYCHOTROPIC MEDICATION TIMES 6 MONTHS QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127, 156

Decision rationale: As stated on pages 127 and 156 of the ACOEM Chapter on Independent Medical Examinations and Consultations referenced by CA MTUS, consultations are recommended, and 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. Official Disability Guidelines also state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the patient is a diagnosed case of adjustment disorder with mixed anxiety and depression since 2010 after the arthroscopic knee surgery has failed. In the most recent clinical evaluation available, dated 12/02/2013, the patient stated that the symptoms of depression, anxiety, and difficulty in sleeping have improved while she has been using Lunesta since 2011. The medical necessity for monitoring psychotropic medication use has been established. However, there is no documented indication regarding the quantity of visits being requested. Therefore, the request for monthly visits for Psychotropic medication times 6 months qty: 6.00 are not medically necessary.