

Case Number:	CM14-0005717		
Date Assigned:	03/07/2014	Date of Injury:	11/30/2009
Decision Date:	04/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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, Texas and Colorado. 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 a 48-year-old female who reported an injury on 11/30/2009. The mechanism of injury was not provided. The patient's diagnosis was noted to be an internal derangement of the right knee. The documentation of 12/05/2013 revealed the patient had subjective complaints of pain. The patient was treatment with hyalgan injections. The patient had tenderness along the joint line laterally and some along the patellofemoral joint with weakness to resisted function. It was indicated the patient had an x-ray that revealed 3 mm of articular surface left along the patellofemoral joint despite MRI abnormalities. The treatment plan was noted to include surgical intervention and medications. The suggestion was for a right knee arthroscopy to evaluate the articular surface of the patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

EFFEXOR 75 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13.

Decision rationale: California MTUS Guidelines recommend Venlafaxine for major depression and anxiety disorders and it is off label recommended for the treatment of neuropathic pain and diabetic neuropathy, fibromyalgia, and headaches. It is first line treatment for neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had signs or symptoms of the above conditions. The documentation failed to indicate the patient had trialed the medication or the class of medication previously. Given the above, the request for Effexor 75 mg #60 is not medically necessary.

1 KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): PAGE 330,331,344-345, 347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Diagnostic Arthroscopy.

Decision rationale: ACOEM Guidelines recommend a diagnostic arthroscopy for patients who have had conservative care including medications or physical therapy and have pain and functional limitations that continue despite conservative care as well as imaging clinical findings that are inconclusive. The clinical documentation submitted for review indicated the patient had tenderness along the joint line laterally and some along the patellofemoral joint with weakness to resisted function. The imaging studies reveal the patient had 3 mm of articular surface left along the patellofemoral joint despite MRI abnormalities. There was a lack of documentation of the official MRI reading. There was a lack of documentation indicating the patient had failed conservative care and had functional limitations despite conservative care. The imaging was conclusive. The request as submitted was for a diagnostic arthroscopy. There was lack of documentation indicating the specific procedure to be performed and as such, there could be no application of specific guidelines. Given the above, the request for 1 knee arthroscopy is not medically necessary.