

<b>Case Number:</b>	CM14-0189070		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/21/2007
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Surgeon, 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:

This is a 41 year old male with a 12/21/07 injury date. The provider submitted an appeal letter dated 10/27/14. The provider noted 6/19/14 right knee MRI findings of chondral loss in all three compartments, erosions, and synovitis. He explained that a chondroplasty is warranted to reduced the patient's pain, increase range of motion, and increase functioning. "The patient continues to complain of knee pain with locking, popping, and instability. He has difficulty with his daily activities including bending, stooping, squatting, and prolonged standing and walking. Physical examination did reveal joint line tenderness, as well as patellar crepitus and a positive McMurray sign medially. Loss of motor strength of the knee was noted." Regarding the chiropractic sessions, the provider explained that the patient did report increased flexibility and range of motion in the cervical spine with previous sessions; however, he has experienced an exacerbation of pain and is allowed additional therapy in times of flare up. "Spasm and tenderness are noted in the paravertebral musculature of the cervical spine with decreased range of motion on flexion and extension." Diagnostic impression: right knee chondromalacia, rheumatoid arthritis, cervicgia. Treatment to date: medications including Enbrel and methotrexate, physical therapy, injections. A UR decision on 10/21/14 denied the request for right knee arthroscopy with chondroplasty because there was no evidence of a right knee MRI or chondral defect. The request for chiropractic manipulation for the cervical spine x 12 visits was denied because there were at least 7 sessions since April 2014 with no significant improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with chondroplasty: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg ( Acute and Chronic )

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Chondroplasty

**Decision rationale:** CA MTUS states that surgery may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. In this case, the appeal letter on 10/27/14 provided a substantial amount of relevant information. The patient has chondral defects on MRI, significant findings on physical exam, functional limitation in the knee joint, and failure of appropriate conservative care. Therefore, the request for right knee arthroscopy with chondroplasty is medically necessary.

**Chiropractic manipulation for the cervical spine x 12 visits: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter--Cervical manipulation.

**Decision rationale:** CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In this case, the appeal letter on 10/27/14 provided a substantial amount of relevant information. The patient is experiencing a recent flare-up after initial chiropractic sessions several months ago produced some improvement. Approval of the current request for 12 additional sessions would reach but not exceed the ODG recommendations for 18 total sessions. Therefore, the request for chiropractic manipulation for the cervical spine x 12 visits is medically necessary.