

<b>Case Number:</b>	CM13-0067934		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

According to the records made available for review, this is a 60-year-old male with a 3/15/13 date of injury. At the time of request for authorization for Stem cell injection in left knee, there is documentation of subjective (continued pain in the left knee with inability to stand on it for more than 3 minutes) and objective (swelling, crepitus, and medial joint line tenderness) findings, current diagnoses (sprain of the knee and instability of the knee joint), and treatment to date (steroid injection, activity modification, and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stem cell injection in left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter, Stem Cell Injection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Stem Cell Autologous Transplantation

**Decision rationale:** MTUS does not specifically address this issue. ODG identifies that stem cell autologous transplantation is under study for severe arthritis, including knee arthritis. Therefore,

based on guidelines and a review of the evidence, the request for Stem cell injection in left knee is not medically necessary.