MAXIMUS Federal Services

Case Number:	CM14-0000712		
Date Assigned:	01/17/2014	Date of Injury:	12/13/2011
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 65-year-old female who has submitted a claim for probable grade II patellofemoral chondromalacia with degenerative right medial meniscus tear associated with an industrial injury date of 12/13/2011. Medical records from 2012-2013 were reviewed. The patient complained of right knee pain at 7/10 in severity associated with difficulty upon full extension. This resulted in difficulty climbing stairs. Tolerance to sitting and standing was decreased to 1 hour, and tolerance to walking was decreased to less than 20 minutes. Physical examination revealed swelling, tenderness, crepitation, and crunching in the lateral and medial joint margins of the right knee. Range of motion was limited to 85 degrees at flexion. There was 2+ bilateral lateral collateral laxity. An MRI of the right knee from 11/19/13 revealed intrameniscal degeneration throughout the medial and lateral meniscus, and tricompartmental osteoarthritis without evidence for acute bone trauma. Treatment to date has included physical therapy, right intra-articular knee cortisone injection, Synvisc (Hyalgan) injection at the right knee, and medications such as ibuprofen, and Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEM CELLS AUTOLOGOUSLY HARVESTED FROM HER ABDOMINAL ADIPOSE TISSUE, SEPARATED AND INJECTED INTO THE RIGHT KNEE JOINT:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Section, Stem Cell Autologous Transplantation

Decision rationale: The California MTUS/ACOEM does not specifically address this topic, so the Official Disability Guidelines (ODG) were consulted instead. The ODG states that stem cell autologous transplantation is under study for severe arthritis, including knee arthritis. Adult stem cells are harvested from many areas of the body - including the bone marrow, fat, and peripheral blood - and they are purified and reintroduced back in the patient. This treatment is not FDA approved in the U.S. In this case, the patient has been complaining of persistent right knee pain. She underwent physical therapy, cortisone injection, and Synvisc (Hyalgan) injection to the right knee. However, the total number of therapy sessions completed and functional outcomes from previous treatment options are unknown due to lack of documentation. There is likewise no documented rationale for this request in the medical records submitted for review. The medical necessity has not been established.