

<b>Case Number:</b>	CM14-0133801		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family 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 left hip hemiarthroplasty (November 8, 2010), left sciatic nerve palsy, and left knee degenerative joint disorder associated with an industrial injury date of November 8, 2010. Medical records from March 5, 2014 to July 21, 2014 were reviewed and showed that patient complained of mild stiffness of the left knee without pain. Physical examination revealed no tenderness or edema, decreased knee ROM (range of motion) with crepitation, and positive patellar grind test. Treatment to date has included cold application, Mobic, gabapentin, and left knee Orthovisc injection (March 5, 2014). Utilization review dated July 28, 2014 denied the request for stem cell injections because the requested procedure was still under study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stem cell injections:** 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 Chapter, Stem Cell Autologous Transplantation.

**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, Stem Cell Autologous Transplantation.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It 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 complained of left knee mild stiffness. There was no documentation of functional outcome concerning pain medications and Orthovisc injection. Based on the available medical records, there is no clear indication that the patient has failed conservative treatment. Furthermore, stem cell injections are not recommended by the guidelines as it is still under study. Moreover, the treatment is not FDA approved in the U.S. Therefore, the request for stem cell injections is not medically necessary or appropriate.