

Case Number:	CM14-0174163		
Date Assigned:	10/27/2014	Date of Injury:	02/13/2006
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 68 year old female with an injury date of 02/13/06. Based on the 09/30/14 progress report provided by [REDACTED], the patient complains of bilateral knee pain. Physical examination to the right knee revealed tenderness to palpation anteriorly. Examination to the left knee revealed tenderness medially. Range of motion was decreased bilaterally. McMurray's positive bilaterally. Patient takes NSAIDs with mild improvement. Diagnosis 09/30/14: right knee joint pain; left knee joint pain. [REDACTED] is requesting Cell Therapy bilateral knees. The utilization review determination being challenged is dated 10/15/14. [REDACTED] is the requesting provider and he provided treatment reports from 05/01/14 - 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cell Therapy bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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 (Acute & Chronic) chapter states: Stem cell autologous transplantation

Decision rationale: The patient presents with bilateral knee joint pain. The request is for Cell Therapy bilateral knees. Physical examination on 09/30/14 revealed decreased range of motion and positive McMurray's bilaterally. Patient takes NSAIDs with mild improvement. ODG Guidelines, Knee & Leg (Acute & Chronic) chapter states: "Stem cell autologous transplantation: Under study for advanced degenerative arthritis, post-meniscectomy and microfracture chondroplasty (adult stem cells, not embryonic). Stem cell therapy offers future promise for rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune disorders, systemic lupus erythematosus, cerebral palsy, critical limb ischemia, diabetes, heart failure, multiple sclerosis, and other conditions. However, research is currently very preliminary, especially in the U.S. Major issues remain unanswered regarding best stem cell type and origin (peripheral blood, bone marrow, fat or even allogeneic umbilical cord), ..." The treating physician states "Cell Therapy for her knees," however there is no other mention or discussion regarding the request. The patient does not present with indications for stem cell therapy. Based on ODG, although very promising, the procedure is still under study, and research is currently preliminary. Therefore, recommendation is that the request is not medically necessary.