

Case Number:	CM14-0030589		
Date Assigned:	06/16/2014	Date of Injury:	10/13/2010
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 71-year-old female with a reported injury on 10/13/2010. The clinical note dated 02/14/2014 reported that the injured worker complained of right and left knee pain. The physical examination of the injured worker's bilateral knees revealed moderate crepitus and joint line tenderness on the medial side per palpation. It was reported that the injured worker's knees demonstrated flexion was limited to 110 degrees. McMurray's test was positive for the medial compartment. An MRI of the right knee dated 05/28/2011 reported the presence of a grade 3 tear in the medial meniscus and lateral meniscus. The injured worker's diagnoses included tricompartmental osteoarthritis of the bilateral knees; chondromalacia of patella; bilateral medial meniscus tear and lateral meniscus tears; and knee synovitis. The injured worker's prescribed medication list was not provided within the clinical notes. The provider requested bone marrow derived stem cell injections under ultrasound guidance to the bilateral knees due to platelet rich plasma injection literature indicating positive results. The request for authorization was submitted on 03/10/2014. The injured worker's prior treatments included physical therapy, knee braces, anti-inflammatory utilization, and injections which included cortisone, steroid, and hyaluronic injections without any long lasting relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE MARROW DERIVED STEM CELL INJECTION UNDER ULTRASOUND GUIDANCE TO THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee, 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 & leg, Stem cell autologous transplantation.

Decision rationale: The Official Disability Guidelines (ODG) states that Stem cell autologous transplantation to the knee is under study for severe arthritis, including knee arthritis (adult stem cells, not embryonic stem cells). Stem cell therapy is used for osteoarthritis, rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune diseases, systemic lupus erythematosus, cerebral palsy, critical limb ischemia, diabetes type 2, heart failure, multiple sclerosis, and other conditions. This treatment is not FDA approved in the U.S. There is a lack of clinical studies performed thus far demonstrating stem cell autologous transplantation is more effective than other noted treatments. Although research appears to be promising in this area, this treatment is still under study and is currently not FDA approved in the United States. As such, the request is not medically necessary and appropriate.

PLATELET RICH PLASMA INJECTION UNDER ULTRASOUND GUIDANCE TO THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Platelet-rich plasma (PRP).

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, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines (ODG) states that platelet-rich plasma injections to the knee are under study. Platelet-rich plasma injections can benefit patients with cartilage degeneration and early osteoarthritis (OA) of the knee. There is a lack of clinical studies performed thus far demonstrating platelet rich plasma as more effective than other modes of treatment. Moreover, there are reports of case studies with success. It is not known if these studies are better or worse than other standard treatments. Platelet rich plasma is currently under study and is not recommended as medically necessary, as it is not supported by evidence as an effective treatment. Therefore, the request is not medically necessary and appropriate.