

Case Number:	CM14-0082945		
Date Assigned:	07/21/2014	Date of Injury:	06/14/2011
Decision Date:	08/27/2014	UR Denial Date:	05/11/2014
Priority:	Standard	Application Received:	06/04/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 06/14/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right shoulder and bilateral knees. The injured worker failed conservative treatment and underwent right shoulder surgery in May 2013. The injured worker was evaluated on 03/10/2014 due to ongoing persistent right shoulder complaints. Evaluation of the right shoulder documented tenderness over the acromioclavicular joint. The injured worker's diagnoses included right shoulder arthroscopic surgery on 05/11/2013, left knee degenerative joint disease, right knee internal derangement, and symptoms of anxiety and depression. The injured worker's treatment plan included additional surgical intervention to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

AmnioFix injection to the right shoulder: Upheld

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 Amniotic fluid-derived stem cells in regenerative medicine research. Archives of pharmacal research, 35(2), pages 271-280.

Decision rationale: The MTUS does not specifically address this request. Peer reviewed literature indicates that the requested AmnioFix injection is considered investigational and experimental, as there has not been enough scientific studies to support the efficacy and long term safety of this type of therapy. There are no exceptional factors noted within the documentation to extend treatment outside of guideline recommendations and standard practice treatments. As such, the requested AmnioFix injection to the right shoulder is not medically necessary or appropriate.