

<b>Case Number:</b>	CM14-0096156		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Pennsylvania. 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:

This is a 60-year-old female who was injured on 7/3/13. She sustained a twisting injury to her left lower extremity with acute complaints of left knee pain. The records indicate that following a course of conservative care a 10/18/13 left knee arthroscopy with partial lateral meniscectomy took place. A follow up report indicated ongoing complaints of pain. A 5/19/14 assessment stated that a recent course of viscosupplementation injections did not provide significant relief. There continued to be tenderness along the course of the patellar tendon as well as significant patellofemoral crepitation with loss of extension. An amniotic fluid injection was recommended at that time for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amniotic Fluid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter - Stem cell autologous transplantation Under the study for severe arthritis, including knee arthritis ( adult stem cells, not embryonic stem cells).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013.

**Decision rationale:** California MTUS and ACOEM Guidelines are silent. Currently, Official Disability Guidelines do not recommend the role of stem cell or autologous injections in the knee. While this individual is with continued complaints of pain, the specific injection being provided would fail to be supported by guideline criteria. Therefore, the requested treatment is not medically necessary.