

Case Number:	CM14-0187812		
Date Assigned:	11/18/2014	Date of Injury:	01/08/2012
Decision Date:	01/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine 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:

The injured worker is a 55-year-old gentleman with a date of injury of 01/08/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/24/2014 and 10/20/2014 indicated the worker was experiencing right knee pain. Documented examinations described decreased motion in the right knee, pain with movement, tenderness, and crepitus. The submitted and reviewed documentation concluded the worker was suffering from limb pain, back sprain, and right knee arthritis. Treatment recommendations included oral pain medication and the harvest and injection of autologous abdominal fat pad stem cells into the right arthritic knee. A Utilization Review decision was rendered on 10/30/2014 recommending non-certification for harvested and injected autologous abdominal fat pad stem cells into the right arthritic knee. A supplemental note dated 07/30/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autologously harvested stem cells from the abdominal fat pad and injected into his right arthritic knee: 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 and Leg: Stem Cell Autologous Transplantation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines; Kim JD, Clinical Outcome of Autologous Bone Marrow Aspirates Concentrate (BMAC) Injection in Degenerative Arthritis of the Knee. European J of Orthopaedic Surgery & Traumatology. Dec, 2014: 24(8); 1505-1511.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. There are a few small studies suggesting that injection of a specific part of the blood called stem cells into joints affected by degenerative arthritis may improve the condition of the joints and may improve pain intensity and function. However, the literature is in the early phases, and this treatment is currently experimental. The submitted and reviewed documentation reported the worker was experiencing right knee pain and concluded the worker was suffering from arthritis, among other issues. A discussion sufficiently detailing extenuating circumstances supporting the use of this experimental treatment in this setting was not provided. In the absence of such evidence, the current request for harvested and injected autologous abdominal fat pad stem cells into the right arthritic knee is not medically necessary.