MAXIMUS Federal Services

Case Number:	CM14-0193165		
Date Assigned:	11/26/2014	Date of Injury:	10/20/2003
Decision Date:	01/23/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 Minnesota. 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 56-year-old male with chronic bilateral wrist pain. His date of injury is 10/20/2003. He underwent a left wrist fusion in the past with documented marked improvement in pain levels. A right wrist fusion is requested at this time. Symptoms include right wrist pain rated 9/10 when using the wrist, locking of the wrist and lack of response to physical therapy and medications. A request for right wrist fusion with iliac bone graft and stem cells was modified by utilization review to include wrist fusion with iliac bone graft but the stem cell harvest was not approved citing guidelines which do not support the use of stem cells in the wrist. A request for postoperative physical therapy was also modified by utilization review citing postsurgical physical therapy guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right wrist fusion with illiac crest bone graft and harvest stem cells: 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) Forearm, Wrist, & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Knee, Topic: Stem cell autologous transplantation

Decision rationale: The request for wrist fusion with autologous iliac bone graft as modified by utilization review is appropriate and medically necessary. However, the use of stem cells in a wrist fusion is not supported. California MTUS guidelines do not address stem cell transplantation. ODG guidelines are therefore used. Stem cell autologous transplantation is under study for several conditions including osteoarthritis, post-meniscectomy, microfracture chondroplasty, rheumatoid arthritis, spinal injury, autoimmune disorders, systemic lupus, cerebral palsy, critical limb ischemia, diabetes, heart failure, multiple sclerosis, and other conditions. However, major issues remain unanswered Re: Best stem cell type and origin. FDA approval has not been granted and jurisdictional issues remain since stem cells are not considered drugs. These treatments remain experimental. The use of stem cells in a wrist fusion is not documented. The request for stem cells harvest along with iliac bone graft in a wrist fusion is not supported by guidelines and as such the 1 Right wrist fusion with iliac crest bone graft and harvest stem cells is not medically necessary.

(Associated Surgical Services) 18 Physical Therapy (post-op): 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) Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines indicate a general course of therapy of 24 visits over 8 weeks for a wrist fusion. The postsurgical physical medicine treatment period is 4 months. The guidelines indicate an initial course of therapy of one half of these visits which is 12 visits. With documentation of continuing objective functional improvement a subsequent course of therapy of 12 visits may be prescribed within the above parameters. The request as stated is for 18 physical therapy visits which exceeds the guidelines and as such is not medically necessary.