

Case Number:	CM14-0193845		
Date Assigned:	12/01/2014	Date of Injury:	03/13/1970
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 General Surgery, has a subspecialty in Surgery of the Hand 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:

This is a 63-year-old male with a 03/13/1970 date of injury. The mechanism of injury has not been documented. Diagnoses were degeneration in both knees with chronic mechanical pain from the joint, mechanical low back pain, and hypertension. 10/26/2014 Progress report documented that the patient complained of low back pain radiating to his left leg and bilateral knees pain. The pain was rated at 3-7/10. The patient had been treated with knee injections and had a 50% decrease in pain in his left knee and a little less in his right knee. Current medications included Relafen, Provigil, Vicodin, Baclofen, and Glucosamine/Chondroitin. The patient was getting good results from Glucosamine. Clinically, there was focal knee tenderness. Range of motion was normal. He had interval lab work done that showed normal thyroid levels and low testosterone. He last completed his blood work in September to assess his general medical health. This was mandatory screening to look at drug levels and to make sure his health remained appropriate for the care he was receiving. Authorization was requested for all medically necessary lab work and for fat grafting with PRP to his knees. His status was permanent and stationary. Treatment to date has included medications, activity modification, knee injections, knee lavage, Supartz injections, Botox injections to the knee, and 4 surgeries on each knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE FAT GRAFTING WITH PRP: Upheld

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

Decision rationale: Medical necessity has not been established for knee fat grafting with PRP. ODG states that both of these procedures are under study. Adult stem cells may be harvested from fat and isolated. Stem cells are capable of "homing in" on and repairing damaged tissue. This is under study for severe arthritis but it is not FDA approved. Research shows that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients. The patient is a 63-year-old chronic pain patient. There has been no significant limitation of activities of daily living documented due to his knee pain. He has normal knee range of motion bilaterally. The patient has been getting good results from his knee treatments including Hyaluronic injections and Glucosamine/Chondroitin. The request is not supported by the guidelines and the clinical evidence. Recommend non-certification.

BLOOD LABS (UNSPECIFIED): 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 Unable to give specific guidelines as the specific blood tests are not specified. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>)

Decision rationale: Medical necessity has not been established for blood labs (unspecified). The specific blood labs requested have not been specified. Although certain blood labs may be warranted, the type of test must be specified so that a complete and proper review may be done regarding the medical necessity of that test. Considering the lack of documentation, the request is not medically necessary. Recommend non-certification.