

Case Number:	CM14-0194684		
Date Assigned:	12/02/2014	Date of Injury:	01/14/2006
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/20/2014

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 Florida, Maryland, Pennsylvania, Tennessee and West Virginia. 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 57-year-old male who reported an injury on 01/14/2006. The mechanism of injury involved a fall. The current diagnoses include ankle enthesopathy, sprain and strain of the knee and leg, and arthritis with internal derangement of the left knee joint. The injured worker presented on 10/22/2014 with complaints of persistent left knee pain with difficulty squatting. Physical examination revealed a decrease in left knee joint motion by 20 degrees, full extension, a limping gait, tenderness to palpation over the femoral condyles, and suprapatellar tenderness to deep palpation. Mild effusion was also noted. Treatment recommendations included possible stem cell therapy. It is noted that the injured worker has been previously treated with anti-inflammatory medication, pain medication, and physical therapy. The injured worker also underwent left knee surgery in 2006 and 2010. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Harvesting of autologous mesenchymal stem cells from abdominal fat pad and injection into left 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; Stem cell autologous transplantation

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

Decision rationale: The Official Disability Guidelines state stem cell autologous transplantation is currently under study for advanced degenerative arthritis, post meniscectomy and micro-fracture chondroplasty. Research is currently very preliminary, as major issues remain unanswered. Therefore, the current request cannot be determined as medically appropriate at this time.