

Case Number:	CM15-0186407		
Date Assigned:	09/29/2015	Date of Injury:	11/11/2003
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male who sustained an industrial injury 11-11-2003. Diagnoses have included internal derangement of the knee, osteoarthritis, right knee dysfunction, and right knee severe degenerative joint disease. Documented treatment includes steroid injections stated to have "decreased pain by 90 percent, but it had returned"; Orthovisc injections with "minimal relief"; right knee hinged brace for support; shockwave "helped but still persistent pain"; at least 5 previous acupuncture sessions, with the 8-26-2015 note stating "improvement"; medication including Ibuprofen and Naproxen "with no relief," Vicodin reducing pain by 40 percent, Lyrica for neuropathic pain with 50 percent effectiveness, and Norco 10-325 mg; treatment by a pain specialist, and, use of a cane. He is also noted to have had 8 sessions of physical therapy and 16 of chiropractic therapy, but which injuries these treatments targeted is not specified. On 8-5-2015, the injured worker reported right knee pain at 8 out of 10 and on 8- 21-2015, pain was rated as 4 out of 10. It has been characterized as constant, moderate, and dull, associated with activity and lying down. The 8-26-2015 examination noted flexion at 110-110 degrees and extension 10-0 degrees. Tenderness to palpation of the knee was noted at the anterior, lateral, medial, and posterior areas, and muscle spasm anterior and posterior. McMurray's, Valgus, Varus, Anterior drawer, and posterior drawer were all stated as negative. The treating physician's plan of care includes 6 sessions of acupuncture for the right knee and 1 medical treatment with Lipogems system. These were denied on 9-14-2015. He has been off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee / Acupuncture.

Decision rationale: Per ODG: Recommended as an option for osteoarthritis, but benefits are limited. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this case, the requested number of treatments is within the ODG guidelines and thus the request is medically necessary.

1 medical treatment with Lipogems system for the right 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, Knee and Leg: Stem cell autologous transplantation (2015).

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

Decision rationale: Lipogems is a stem cell therapy. According to ODG, knee (Stem cell autologous transplantation), the use of autologous stem cells is "under study for advanced degenerative arthritis, post-menisectomy and microfracture chondroplasty (adult stem cells, not embryonic). Stem cell therapy offers future promise for rheumatoid arthritis, spinal injury, degenerative joint disease, autoimmune disorders, systemic lupus erythematosus, cerebral palsy, critical limb ischemia, diabetes, heart failure, multiple sclerosis, and other conditions. However, research is currently very preliminary, especially in the U.S. Major issues remain unanswered regarding best stem cell type and origin (peripheral blood, bone marrow, fat or even allogeneic umbilical cord), cell dosage, timing, single vs. multiple treatments, and carrier biomaterials (hyaluronic acid, tissue scaffolds). Although patient safety has not initially been a problem in short term studies (Pak, 2013), there is still scientific concern about potential carcinogenic effects from these enhanced pluri-potent cells. FDA approval has not been granted and jurisdictional issues remain since stem cells are not considered drugs. In other words, these treatments remain experimental; techniques are inconsistent and should be limited to randomized controlled clinical trials." As ODG states that stem cell treatment is experimental and it is not FDA approved the request is not medically necessary.

