

Case Number:	CM15-0022616		
Date Assigned:	02/12/2015	Date of Injury:	04/22/2013
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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

Certification(s)/Specialty: Emergency Medicine

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 65-year-old male, with a reported date of injury of 04/22/2013. The diagnoses include knee and leg sprain/strain. Treatments have included cold therapy, massage, heat, physical therapy, medication, platelet-rich plasma (PRP) injections, an MRI of the left tibia/fibula on 11/13/2013, and an electromyography/nerve conduction study of the bilateral lower extremities. The visit noted dated 01/13/2015 indicates that the injured worker complained of left lower extremity pain. He only had about two of six physical therapy sessions and did not participate in physical therapy for about four months. The injured worker rated his pain 7-8 out of 10. An examination showed limping, tenderness along the left gastrocnemius insertion, and full range of motion of the gastrocnemius ankle plantar flexion muscle and ankle dorsiflexion, with decreased strength on the left. Since the injured worker obtained about a month of pain resolution following the PRP injection, but the pain recurred and the injured worker responded well to a diagnostic block, the treating physician requested an outpatient ultrasound-guided (bone marrow aspirate concentrate) BMAC/stem cell injection into the left medial gastrocnemius. On 01/27/2015, Utilization Review (UR) denied the request for an outpatient ultrasound-guided (bone marrow aspirate concentrate) BMAC/stem cell injection into the left medial gastrocnemius, noting that the guidelines do not support the use of this procedure and there was no indication that the injured worker would be considered an outlier to this recommendation. The MTUS Guidelines, ACOEM Guidelines, Official Disability Guidelines, and the National Institutes of Health were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient ultrasound-guided Bone marrow aspirate concentrate (BMAC) and stem cell injections into the left medial gastrocnemius: 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 & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic), Stem cell autologous transplantation

Decision rationale: The requested Outpatient ultrasound-guided Bone marrow aspirate concentrate (BMAC) and stem cell injections into the left medial gastrocnemius, is not medically necessary. CA MTUS is silent. ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic), Stem cell autologous transplantation, note "Under study for advanced degenerative arthritis, post-meniscectomy and microfracture chondroplasty (adult stem cells, not embryonic)" and is considered experimental. The treating physician has documented tenderness along the left gastrocnemius insertion, and full range of motion of the gastrocnemius ankle plantar flexion muscle and ankle dorsiflexion, with decreased strength on the left. The treating physician has not documented the medical necessity for this procedure, currently considered experimental, versus other guideline-supported therapeutic interventions. The criteria noted above not having been met, Outpatient ultrasound-guided Bone marrow aspirate concentrate (BMAC) and stem cell injections into the left medial gastrocnemius are not medically necessary.