

Case Number:	CM15-0025339		
Date Assigned:	02/17/2015	Date of Injury:	05/31/2013
Decision Date:	04/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old female who sustained a work related injury May 31, 2013. She states her injury is from wearing duty belts (officer) and getting in and out of vehicles for long periods of time with 20 pound belts causing pain in the neck and low back. According to a physician's progress report dated January 23, 2015, the injured worker presented for follow-up of chronic elbow pain. She underwent lateral epicondylar release with ostectomy and repair of extensor tendon and synovectomy 11/7/2013. Although improved since surgery, she is still limited with forceful use of the arm and is working modified duty. Examination of the left elbow reveals range of motion is full with occasional clicking on flexion, pronation. There is mild tenderness over the posterolateral joint and the lateral epicondylar and extensor tendon sheath. There is minimal pain with resisted wrist extension, no pain with long finger extension and neurovascular is intact. Impression is chronic left elbow lateral epicondylitis and common extensor partial tearing. Treatment recommendation is for stem cell injection of the left elbow. Work status is documented as continued modified duty limiting repetitive task, and five pound lifting, carrying, pushing and pulling restriction. According to utilization review dated February 6, 2015, the request for Stem Cell Injection Left Elbow is non-certified, citing Official Disability Guidelines-Treatment in Workers' Compensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stem cell injection- left elbow: 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) Treatment in Workers Comp. Integrated treatment/Disability Duration Guidelines- Knee & leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Stem Cell Autologous Transplantation.

Decision rationale: The official disability guidelines does not recommend stem cell autologous transplantation for the elbow or shoulder joint. While some initial study show promise that stem cells can have a positive effect on tendon healing, the injured employee surgery was performed over a year ago on November 7, 2013. Additionally, since that date there has been no subsequent treatment with recommended corticosteroid injections. For these reasons, this request for stem cell injection for the left elbow is not medically necessary.