

Case Number:	CM15-0216813		
Date Assigned:	11/09/2015	Date of Injury:	08/30/2013
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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: Montana, Oregon, Idaho

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 35 year old male who sustained an industrial injury on 8-30-13. Medical records indicate that the injured worker has been treated for right shoulder joint pain; chronic pain. He currently (10-6-15) has pain in the rotator cuff for at least 2 years and 2 months. The treating provider's concern is that the rotator cuff will not heal unless given assistance. He does not need exercise as this was felt to be causing irritation and inflammation, cortisone was contraindicated because it will impair healing. New studies, per treating provider, indicate stem cell in this location will hasten repair dramatically. Physical exam revealed decreased range of motion, positive median nerve compression test over the right median nerve at the wrist. Diagnostics included MRI of the shoulder (2015) showing moderate, severe tendinosis. Treatments to date include status post rotator cuff repair and revision; medication: tramadol, gabapentin; physical therapy and home exercise program, now stopped per 9-16-15 note. The request for authorization dated 10-6-15 was for mesenchymal deployment of stem cell from abdominal fat pad to his right shoulder rotator cuff. On 10-16-15 Utilization review non-certified the request for mesenchymal deployment of stem cell from abdominal fat pad to his right shoulder rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mesenchymal deployment of stem cells from abdominal fat pad to right shoulder rotator cuff: 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) Shoulder (Acute & Chronic) updated 9/8/15.

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

Decision rationale: The CA MTUS/ ACOEM guidelines are silent on the issue of stem cell transplantation into the shoulder. According to ODG, shoulder section, the technique is Under study primarily for rotator cuff biologic augmentation, with some limited promise from lower quality trials. Basic science animal studies have shown that stem cells can have a positive effect on tendon healing with some regeneration potential, producing tissue similar to the pre-injury state with variable results. (Ahmad, 2012) Because higher quality evidence is lacking these treatments remain experimental; techniques are inconsistent and application should be limited to randomized controlled clinical trials. Several questions remain to be answered before stem cells can be used clinically. Specifically, the type of stem cell, the amount of cells, and the proper combination of growth factors or mechanical stimuli to induce differentiation all remain to be seen. As this technology is not supported by high quality data demonstrating efficacy, the criteria set forth in the guidelines have not been met. The request is not medically necessary.