

Case Number:	CM15-0041828		
Date Assigned:	03/13/2015	Date of Injury:	03/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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: Preventive Medicine, Occupational 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:

This 61-year-old male sustained an industrial injury to the left knee on 3/15/13. The injured worker subsequently developed right knee pain. Previous treatment included left knee medial meniscectomy and synovectomy with chondroplasty, mesenchymal stem cell collection from abdominal fat pad and injection into the left knee joint and medications. The injured worker also had a prior right knee surgery. In a PR-2 dated 2/10/15, the injured worker complained of right knee joint pain. Physical exam was remarkable for left knee cool to touch without evidence of inflammatory disorder and right knee with subpatellar arthritic changes and pain to palpation. Current diagnoses included sprain of knee and leg. The physician noted that recent right knee magnetic resonance imaging showed arthritic changes that would progress unless something was done to stop it. The injured worker would ultimately require a total knee arthroscopy. The physician recommended mesenchymal stem cell collection from abdominal fat pad and injection into the right knee joint, noting that the injured worker recently had the same procedure into the left knee joint with immediate reduction in pain and improvement of range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mesenchymal stem cell collection from abdominal fat pad and injection into the right knee joint following the Differentiation: 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, Stem Cell Autologous Transplantation; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3620540> and <http://jbjs.org/content/96/2/90> - Adult Human Mesenchymal Stem Cells Delivered via Intra-Articular Injection to the Knee Following Partial Medial Meniscectomy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23
Page(s): 3.

Decision rationale: For all conditions or injuries not addressed in the MTUS, the authorized treatment and diagnostic services in the initial management and subsequent treatment for presenting complaints shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community pursuant to section 9792.25(b). There are no peer-reviewed guidelines for treatment with mesenchymal stem cells, and early study results are conflicting. Mesenchymal stem cell collection from abdominal fat pad and injection into the right knee joint is not medically necessary.