

Case Number:	CM15-0042383		
Date Assigned:	03/12/2015	Date of Injury:	12/06/2013
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 51-year-old male, with a reported date of injury of 12/06/2013. The diagnoses include right knee osteoarthritis, status post right knee arthroscopy and right knee medial meniscus tear with underlying chondromalacia. Treatments to date have included Monovisc viscosupplementation injection, home stretching and strengthening exercises, and physical therapy. The progress report dated 01/26/2015 indicates that the injured worker was beginning to experience the wearing off of the Monovisc viscosupplementation injection. The injection lasted approximately three months. He stated that his knee excessively swelled after a full day work, and he was unable to walk without an antalgic gait. The treating physician felt that the injured worker would benefit from a stem cell injection, and did not feel that he was an appropriate candidate for a total or partial knee replacement. The physical examination of the right knee showed positive patellofemoral crepitation, positive grind, trace effusion, pain with deep squat, and range of motion was 0 to 125 degrees. The treating physician requested stem cell injection to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stem Cell Injection to 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter on Stem Cell Autologous Transplantation.

Decision rationale: The patient presents with right knee pain. The patient is status post right knee arthroscopy from 04/11/2014. The physician is requesting stem cell injection to the right knee. The RFA from 01/28/2015 shows a request for stem cell injection right knee. The patient's date of injury is from 12/06/2013 and he is currently permanent and stationary. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee chapter on Stem Cell Autologous Transplantation states, "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." The records do not show any previous stem cell injection to the right knee. The 01/26/2015 report shows that the patient previously had Monovisc viscosupplementation injections from which received 3 to 4 months of relief. In this case, there is currently no support in any of the guidelines for stem cell injection to the knee. The request IS NOT medically necessary.