

<b>Case Number:</b>	CM15-0059174		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/12/1975
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2015

### 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: Texas, Florida, 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 bilateral knees on 10/31/02. Previous treatment included magnetic resonance imaging and left knee stem cell injection. In a PR-2 dated 3/16/15, physical exam was remarkable for marked right knee swelling, worsening right knee range of motion and warmth upon palpation. Current medications included Prilosec and Glucosamine. Current diagnoses included knee sprain and arm/shoulder injury. The treatment plan included Autologous Mesenchymal Stem Cell Deployment to The Right Knee for Severe Worsening Arthritic Condition of Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Autologous Mesenchymal Stem Cell Deployment to The Right Knee for Severe Worsening Arthritic Condition of Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, under autologous stem cell injection.

**Decision rationale:** This claimant's knee injuries were 13 years ago; there was a previous left knee stem cell injection, and the outcomes are not known. This is now a request for a right knee stem cell deployment. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the knee section: 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. However, research is currently very preliminary, especially in the U.S. Major issues remain unanswered regarding best stem cell type and origin (peripheral blood, bone marrow, fat or even allogeneic umbilical cord), cell dosage, timing, single vs. multiple treatments, and carrier biomaterials (hyaluronic acid, tissue scaffolds). The treatment has not been fully validated, and is considered experimental. I do not support experimental, not-fully tested treatments for workers compensation patients. The request is appropriately non certified.