

Case Number:	CM14-0185444		
Date Assigned:	11/13/2014	Date of Injury:	01/21/1996
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old man with a date of injury of 1/21/98. He was seen by his primary treating physician on 9/25/14 with complaints of left wrist pain and right wrist pain. His exam showed normal right wrist range of motion and a fused left wrist. He had positive median nerve compression on the left. He had moderate hyperhidrosis of the left wrist compared with the right with good capillary refill. He had mild allodynia over the dorsum of the hand with decreased temperature and decreased grip strength and decreased strength in the left wrist flexors/extensors/finger abductors. His left triceps reflex was absent. His diagnoses were status post left scaphuolunate ligament tear with reconstruction, status post hardware removal of left wrist, status post left wrist fusion, left chronic regional pain syndrome and anxiety/depression. At issue in this review is the request for stem cell therapy to the left upper extremity for complex regional pain syndrome (crps).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 stem cell therapy between 9/25/2014 and 12/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: overview of stem cells

Decision rationale: Stem cell therapy has been request in this injured worker with crps. There are limited medical studies to support efficacy in humans and most are preliminary. In rats with spinal cord injury, studies have shown enhanced remyelination and promote improved motor function. The medical literature does not provide support for the request in this injured worker. The request is not medically necessary.