

<b>Case Number:</b>	CM15-0092677		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Emergency 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:

The 68-year-old male injured worker suffered an industrial injury on 10/22/2004. The diagnoses included right knee degenerative arthritis. The diagnostics included right knee magnetic resonance imaging. The injured worker had been treated with injections. On 12/15/2014, the treating provider reported it had been 5 months post viscosupplementation for degenerative arthritis but had developed a new symptom of persistent buckling. On exam, there was reduced range of motion to the right knee with some effusion and crepitus. On 4/6/2015, the treating provider reported the Orthovisc to the right knee did not show much improvement. On Exam, there was crepitus. The treatment plan included Outpatient Stem Cell procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Stem Cell procedure:** 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 and leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee and Leg: Stem cell autologous transplantation.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, stem cell autologous transplantation is experimental. Some early data shows promise but there is significant concern for carcinogenicity and types of stem cells or protocol that is most effective. It is not FDA approved. Letter of appeal from patient was reviewed. The patient does not seem completely informed as to the experimental nature of this treatment. Despite the treating provider's claims, this is an experimental; none FDA approved procedure with little preliminary evidence to support its common use. It is not appropriate to perform such unapproved experimental procedures on patients under non-research protocols. Stem cell "procedure" is not medically necessary.