

Case Number:	CM15-0097985		
Date Assigned:	05/29/2015	Date of Injury:	06/11/2013
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old female who sustained an industrial injury on 6/11/13. Injury occurred when she picked up her medical emergency bag from the floor and lifted it into an open locker. She heard and felt a tearing sensation and pop in her right shoulder. The mechanism of injury was not documented. Past surgical history was positive for right shoulder surgery for full thickness supraspinatus tear on 11/7/12, and revision rotator cuff repair on 7/3/13. The 10/17/14 left shoulder MR Arthrogram impression documented previous subacromial decompression with distal clavicular resection rotator cuff repair, and biceps tenodesis. There was a full-thickness tear of almost the entire supraspinatus tendon measuring 3.4 cm in length and 2.4 cm in width. There was longitudinal intrasubstance extension of the tear into the musculotendinous junction of infraspinatus. There was contrast extravasation into the subacromial subdeltoid bursa. The 4/27/15 initial orthopedic evaluation cited grade 4-5/10 right shoulder pain with pain in lifting and overhead activity. Sleep was reported limited. Right shoulder range of motion testing documented forward elevation 175 degrees, abduction-external rotation 90 degrees, and internal rotation to T7-8. Neer and Hawkins' tests were positive. Imaging demonstrated a recurrent full thickness tear in the supraspinatus tendon with some extension in the infraspinatus. The treatment plan recommended shoulder arthroscopy with repair of the supraspinatus using acellular dermal allograft with iliac crest harvest of stem cells for repair. The 4/28/15 treating physician report cited continued right shoulder pain with certain activities and weakness. There was tenderness over the rotator cuff footprint and anterior shoulder. There was pain and weakness with infraspinatus testing and lift off. She had relatively good supraspinatus strength

with slightly limited range of motion. The treatment plan included rotator cuff revision surgery. The 5/15/15 utilization review certified requests for right shoulder arthroscopy, rotator cuff repair, and acellular dermal allograft, and additional requests for post-op physical therapy, assistant surgeon and Ultrasling. The requests for iliac crest harvest of stem cells for repair and assistant surgeon for this procedure were non-certified as stem cell transplantation remained under study for shoulder injuries and the peer-to-peer discussion supported the use of allograft but not stem cells.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iliac crest harvest of stem cell for repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder, stem cell autologous transplantation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Stem cell autologous transplantation (shoulder).

Decision rationale: The California MTUS guidelines do not address the use of stem cells. The Official Disability Guidelines state that stem cell transplantation is under study primarily for rotator cuff biologic augmentation, with some limited promise from lower quality trials. Bone marrow-derived mesenchymal stem cells (MSCs) provide a stimulus for repair in flexor tendons, but application in rotator cuff repair has not shown universally positive results. There is no compelling rationale presented to support the medical necessity of stem cells for rotator cuff repair in this injured worker in the absence of evidence-based support for the use of stem cells in rotator cuff repair. Therefore, this request is not medically necessary.

Associated surgical services: Assistant surgeon with bone marrow portion of procedures:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

