

<b>Case Number:</b>	CM13-0021004		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina, and Pennsylvania. 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 physician 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:

In review of the medical records the claimant is a 55 year old male who has a meniscus tear per the MRI. There is a request for surgical arthroscopy of the knee to address the meniscal pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics, Role of the First Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines® Inpatient and Surgical Care 17th Edition, Assistant Surgeon

**Decision rationale:** The need for an assistant surgeon is not indicated. According to the Milliman Care Guidelines, it is not within the standards of care. This can be done with the surgeon without an assistant providing benefit.

**Pre-op medical clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearance>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Electrocardiogram (ECG), Preop Lab Testing, Preoperative testing, General.

**Decision rationale:** Preoperative medical clearance in a 55 year old male is reasonable and appropriate for evaluation of pre-existing problems or any issues that may be incurred while undergoing a general anesthetic. This determination is based on the records and the information provided for review.