

<b>Case Number:</b>	CM13-0062055		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 California. 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:

The claimant is a 46-year-old female who was injured on June 24, 2010, while working as a corrections officer. She caught her fingers on a shelf, resulting in right upper extremity complaints to the digits and shoulder. Recent records document continued complaints of hand pain, for which a capsulectomy to the metacarpophalangeal joint of the ring finger and tendon release to the ring, long and small fingers has been supported by Utilization Review. This request is for an assistant surgeon for the above-mentioned procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN ASSISTANT SURGEON (FOR AN APPROVED HAND SURGERY): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIANS AS ASSISTANTS AT SURGERY: 2007 STUDY [FROM A.A.O.S. AND OTHERS]

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MILLIMAN CARE GUIDELINES, 18TH EDITION: ASSISTANT SURGEON - ASSISTANT SURGEON GUIDELINES

**Decision rationale:** The California ACOEM and MTUS Guidelines do not provide criteria relevant to this request. According to Milliman Care Guidelines, an assistant surgeon for a

procedure that involves a capsulodesis and tenolysis to the digit would not be indicated. Therefore, this request is not established as necessary.