

<b>Case Number:</b>	CM14-0003794		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Orthopedic Surgery, and is licensed to practice in Arkansas and Texas. 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 59 year old male who reported an injury on 06/22/2012. The worker was injured when he jumped off his delivery truck to prevent a load from falling. The patient's treatment history included physical therapy, surgical intervention and medications. The injured worker underwent an MRI dated 09/21/2013. It was documented that there was a tear of the body and posterior horn of the medial meniscus along the inferior surface, mild chondral thinning within the medial compartment, and severe chondromalacia along the patella. The injured worker was evaluated on 11/29/2013. It was documented that the injured worker had a positive McMurray's and Apley tests, painful varus stress test, and decreased flexion of 90 degrees to the left knee. Examination of the lower back reported tenderness over the lumbar muscles and the injured worker had a positive straight leg raise bilaterally. The injured worker's treatment plan included additional surgical intervention. The request for authorization for medical treatment was not included in the clinical documentation provided.

### 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 Non-MTUS American Association of Orthopedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

**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, Surgical assistant. Other Medical Treatment Guideline or Medical Evidence:Physicians as Assistants at Surgery: 2011 Study. <http://www.facs.org/ahp/pubs/2011physassturg.pdf>.

**Decision rationale:** The Official Disability Guidelines note surgical assistants are recommended as an option in more complex surgeries. The guidelines note an assistant surgeon actively assists the physician performing a surgical procedure. The Physicians as Assistants at Surgery study 2011 further states surgical assist is sometimes recommended for CPT codes 29880, 29877, 29879, 29884, 29888, and 29874. The injured worker had a positive McMurray's and decreased range of motion and the MRI showed a medial meniscus tear. Per the physical therapy note dated 06/27/2013 the injured worker was able to walk greater than 15 minutes and reported his pain at 2/10 and it showed his strength, range of motion and activities of daily living all within normal ranges. The injured worker also reported that physical therapy had decreased his pain and increased his activities of daily living. There was not enough documentation regarding any locking, popping, catching or swelling to the left knee. While the study does recommend an assistant surgeon for the possible procedures listed within the clinical notes it was unclear if the surgical intervention was previously certified. There was no indication within the provided documentation of when the surgical intervention would take place. The submitted request did not detail the procedure for which the assistant surgeon was requested. Therefore, the request for an assistant surgeon is not medically necessary

**Left knee arthroscopy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine do not recommend meniscus surgery for injured workers with degenerative changes. Although the clinical documentation does indicate that the patient has tear of the medial meniscus, there is also evidence of degenerative changes to the knee joint. As the requested surgery is not supported by guideline recommendations for patients with clinically evidence degenerative changes, and there are no exceptional factors to support extending treatment beyond guidelines recommendation, the requested surgery is not indicated in this clinical situation. Therefore, the left knee arthroscopy and debridement is not medically necessary or appropriate.