

Case Number:	CM14-0010118		
Date Assigned:	06/11/2014	Date of Injury:	07/19/2006
Decision Date:	07/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/24/2014

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 Surgeon and is licensed to practice in 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 64 year old male who reported injury of the lumbar spine on 07/19/2006 secondary to carrying a TV up a flight of stairs. The injured worker complained of unchanged pain to the right side of lower back that radiated to the buttock and anterior aspect of the right thigh with numbness, pain to the left knee that sometimes locked or buckled on him and pain in the hip. Physical examination on 04/25/2014 revealed tenderness over the lumbar paraspinal muscles at L4/5, L5/S1 and bilateral buttocks, limited active range of motion of the lumbar and positive straight leg raise on the right. Examination of the patellofemoral joint left knee on 12/10/2013 found significant facet tenderness with negative apprehension, mild atrophy in musculature, positive McMurry's with medial and lateral joint line tenderness, effusion with patellar ballottment, full range of motion, normal varus valgus and anterior and posterior ligaments. An electromyography was done 08/26/2013 that stated there was right L5-S1 radiculopathy. A MRI (magnetic resonance imaging) of the right knee on 03/27/2013 showed lateral compartmental degenerative joint disease (DJD), tiny focal radial tear at medial meniscus posterior horn free edge, mild patellofemoral DJD with slight patellar subluxation and thinning of lateral femoral articular cartilage. He also had a MRI of the lumbar spine, and x-ray of the hips. He had diagnoses of low back pain, degenerative lumbar disc, lumbar facet joint pain, sciatica, numbness, status post lumbar surgery, and left knee medial and lateral meniscus tears with chondromalacia. His past treatments were multiple lumbar epidural injections, medications, physical therapy, and home exercises. There was no list of medications. The treatment plan is for 1 assistant surgeon. The request for authorization was not submitted for review. There is no rationale for the request for 1 assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ASSISTANT SURGEON: 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) Low Back, Surgical Assistant.

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.

Decision rationale: The request for 1 assistant surgeon is not medically necessary. The injured worker complained of unchanged pain to the right side of lower back that radiated to the buttock and anterior aspect of the right thigh with numbness, pain to the left knee that sometimes locked or buckled on him and pain in the hip. His past treatments were multiple lumbar epidural injections, medications, physical therapy, and home exercises. Official Disability Guidelines (ODG) for low back, surgical assistant states that an assistant surgeon is recommended as an option in more complex surgeries. The injured worker has multiple problems that may require surgery. It is not clear as to the need for an assistant surgeon. The request does not specify the type of surgery. Therefore, request for 1 assistant surgeon is not medically necessary.