MAXIMUS Federal Services

Case Number:	CM14-0115732		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2009
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurological 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 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 records, presented for review, indicate that this 35-year-old male was reportedly injured on 10/9/2009. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of chronic low back pain and right hip pain. The physical examination demonstrated right hip with the patient using a single-point cane for ambulation. Pain with flexion, abduction, and internal rotation. Pain radiated into the groin area. Motor strength testing revealed weakness in the iliopsoas muscle. Imaging studies included an MRI of the right hip, dated 1/21/2014, which revealed normal. MR arthrogram of the right hip, 3/5/2014, revealed unremarkable with no evidence of labral tear. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request had been made for assistant surgeon and was not certified in the pre-authorization process on 6/30/2014.

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 cite any medical evidence for its decision.

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-Lumbar and Thoracic (Acute and Chronic) Surgical Assistant. Updated 8/22/2014.

Decision rationale: A surgical assistant is recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. After reviewing the medical records provided, requested surgery has not been approved at this time. Therefore, there is no need for an assistant surgeon. This request is deemed not medically necessary.