MAXIMUS Federal Services

Case Number:	CM14-0119500		
Date Assigned:	08/06/2014	Date of Injury:	12/15/2004
Decision Date:	09/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

This 60-year-old retired male peace officer/park ranger sustained an industrial injury on 12/15/04, relative to a slip and fall. Past surgical history was positive for anterior cervical discectomy and fusion C4-7 on 4/19/11. Surgery was approved for exploration of the fusion from C3 to C7. On 7/17/14, the treating surgeon performed an anterior approach cervical spine expecting to find abnormal motion at C7/T11, instead he found gross movement at C4/5, C5/6 and C6/7, and trace movement at C3/4. Given the unexpected findings, he concluded the anterior repair would be fraught with complications. He submitted a request for posterior instrumentation, fusion, exploration and decompression, as well as iliac crest bone graft. An assistant and co-surgeon have been requested. The 7/21/14 utilization review approved the surgical request and assistant surgeon. The request for a co-surgeon was denied as there was no specific rationale presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Co- Surgeon (Unspecified): Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant and co- surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant and/or co-surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the co-surgeon heading imply that an co-surgeon is not necessary; however, procedure codes with a 1 or 2 implies that a co-surgeon is usually necessary. For this requested surgery, CPT Codes 22633 and 22634, there is a 2 in both the assistant surgeon and co-surgeon columns. Therefore, based on the stated guideline and the complexity of the procedure, this request for one co-surgeon is medically necessary.