

Case Number:	CM14-0163600		
Date Assigned:	10/08/2014	Date of Injury:	12/31/2012
Decision Date:	11/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Sports Medicine 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 41-year-old female who reported an injury on 12/31/2012 after a fall. The injured worker reportedly sustained an injury to her left ankle. The injured worker's treatment history included physical therapy, and surgical intervention. The injured worker had persistent pain complaints of the left ankle that failed to respond to postsurgical physical therapy, medications, and corticosteroid injections. The injured worker was evaluated on 09/15/2014. It was documented that the injured worker had significant left ankle pain and left hip pain. Physical findings included significant tenderness to the left ankle and evidence of clinical swelling. Surgical intervention was recommended. A Request for Authorization for left ankle arthroscopy, physical therapy, and an assistant surgeon was submitted on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

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: American College of Surgeons, Physicians as Assistants in Surgery, a 2011 Case Study

Decision rationale: The requested decision for an assistant surgeon is medically necessary and appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address surgical assistants for ankle surgery. The American College of Surgeons, Physicians as Assistants in Surgery, a case study in 2011, documented that an assistant surgeon for ankle arthroscopy is almost always necessary. Therefore the need for a surgical assistant in this clinical situation would be supported. As such, the requested assistant surgeon is certified.