

Case Number:	CM14-0033708		
Date Assigned:	06/20/2014	Date of Injury:	03/21/2005
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 03/21/2005. The mechanism of injury was not provided for review. The injured worker ultimately underwent right knee total arthroplasty in 08/2013. The injured worker was evaluated on 02/19/2014. It was noted that the patient had participated in postoperative physical therapy. However, he had persistent right-sided pain. Knee arthroscopy with synovectomy and possible lateral release, and an assistant surgeon is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon/ Physician's Assistant (PA): 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 Chapter, Surgical Assistant Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistants in Surgery, a 2011 Case Study.

Decision rationale: The California Medical Treatment Utilization Schedule does not address this clinical situation. The Official Disability Guidelines recommend surgical assistants for

complicated surgeries. The American College of Surgeons does not recommend an assistant surgeon, as it is almost never needed for a lateral retinacular release or synovectomy. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations and standards of care. As such, the requested assistant surgeon/physician's assistant is not medically necessary or appropriate.

Preoperative clearance: 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 Chapter, Pre-Operative Lab Testing (general).

Decision rationale: Although the clinical documentation submitted for review does support that the injured worker would benefit from surgical intervention, there are no significant factors to support intraoperative or postoperative complications that would require pre-surgical investigation. Official Disability Guidelines recommend pre-surgical medical clearance for injured workers who are to undergo major procedures and have complicating coexisting diagnoses that would contribute to a risk of intraoperative or postoperative complications. The clinical documentation submitted for review does not support that the patient has any comorbidities that would put them at risk for significant intraoperative or postoperative complications during this low risk ambulatory surgery. As such, the requested preoperative medical clearance is not medically necessary or appropriate.