

<b>Case Number:</b>	CM14-0082498		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 37-year-old female who reported an injury on 04/29/2011. The mechanism of injury was not provided. On 04/08/2014, the injured worker presented with pain that radiated into the elbow and increased swelling. The injured worker also reported a flare up in her bilateral hands. Upon examination, there was numbness and swelling, but no acute neurological changes. There was no gross instability. The diagnoses were carpal tunnel syndrome and bilateral De Quervain's tenosynovitis. Prior therapy included medications and physical therapy. The provider recommended an assistant surgeon for bilateral cubital tunnel release. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant surgeon for bilateral cubital tunnel release.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedics Surgeon Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

**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 Assistant surgeon for bilateral cubital tunnel release is not medically necessary. The Official Disability Guidelines recommend surgical assistance as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services were reported by the same individual position or other healthcare professionals as based on whether the assistant surgeon is a physician or another healthcare professional acting as a surgical assistant merit. The need for a surgical assistant for a bilateral cubital tunnel release would not be indicated as it is only recommended for more complex surgeries. As such, medical necessity has not been established.