

<b>Case Number:</b>	CM14-0093527		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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:

According to the records made available for review, this is a 63-year-old female with a 5/4/10 date of injury and status post left hip arthroscopy with acetabuloplasty, labral repair, and synovectomy on 1/9/13. At the time of request for authorization for surgeon assistant (6/6/14), there is documentation of subjective persistent left hip/groin pain radiating down into the thigh. There were objective findings of decreased left hip range of motion with pain, tenderness to palpation over the rectus and pubis symphysis, positive anterior impingement sign, and positive Faber sign. The current diagnoses included status post left hip arthroscopy with continuing pain and possible recurrent left hip labral tear with residual impingement. The treatment to date was physical therapy and left hip cortisone injections. In addition, 6/6/14 medical report identifies a request for revision hip arthroscopy labral repair, capsular plication and femoroplasty with possible revision acetabuloplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgeon Assistant:** 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

([https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/co-surgeon\\_assistant\\_surgeon\\_and\\_assistant\\_at\\_surgery\\_guidelines.pdf](https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/co-surgeon_assistant_surgeon_and_assistant_at_surgery_guidelines.pdf)).

**Decision rationale:** The MTUS and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline identifies documentation of the complexity of the requested procedure(s) OR the patient's condition, as criteria necessary to support the medical necessity of an assistant surgeon. Within the medical information available for review, there is documentation of diagnoses of status post left hip arthroscopy with continuing pain and possible recurrent left hip labral tear with residual impingement. In addition, there is documentation of a plan identifying revision hip arthroscopy labral repair, capsular plication and femoroplasty with possible revision acetabuloplasty. However, there is no documentation of the complexity of the requested procedure(s) OR the patient's condition. In addition, despite documentation of a plan identifying a request for left hip arthroscopy, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for surgeon assistant is not medically necessary.