

Case Number:	CM14-0123357		
Date Assigned:	09/16/2014	Date of Injury:	01/28/2013
Decision Date:	01/02/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS 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 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 48-year-old male who reported an injury on 01/28/2013. The mechanism of injury was when the patient stepped wrong and felt a pop in his left knee. His diagnoses included left knee strain, status post recent left knee surgery on 12/27/2013, right knee pain and swelling, right ankle pain due to chronic left knee pain. Previous treatments included medication, physical therapy, and left knee surgery. Diagnostic testing included an MRI of the knee, ankle, and thoracic/cervical/lumbar spine. On 07/01/2014, it was reported the patient complained of bilateral knee pain that he rates 9/10 in severity, right greater than left. He complains of left ankle pain due to compensable consequences of the knee and low back issues. The patient complains of right knee pain due to guarding the left knee and putting more weight on the right knee. He reports popping, giving out, and swelling due to spontaneous exacerbation. The physical examination revealed moderate tenderness of the right medial knee with slight effusion. Active motion on the right knee is 0 degrees of extension and 90 degrees of flexion. The provider noted the left knee had slight tenderness to palpation over the peripatellar region. The active range of motion of the left knee was extension at 0 degrees and flexion at 110 degrees. He recommended the patient continue follow-ups with [REDACTED] and continue medications. A request was submitted for an assistant surgeon. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Assistant Surgeon: 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, Surgical assistant.

Decision rationale: The request for assistant surgeon is not medically necessary. The Official Disability Guidelines recommend an assistant surgeon as an option in more complex surgeries. An assistant surgeon actively assists the physician in performing surgical procedures. The clinical documentation submitted failed to provide significant clinical documentation warranting the medical necessity for an assistant surgeon. Additionally, the request as submitted failed to provide the specific type of surgery to be performed warranting the medical necessity for the request. Therefore, the request is not medically necessary.