

<b>Case Number:</b>	CM14-0205396		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

30 year old male with reported industrial injury of August 1, 2013. Exam note November 11, 2014 demonstrates evaluation for bilateral wrist pain. Symptoms have included numbness and tingling. Repetitive tasks are not to be affective especially repetitive fine motor tasks. Complained of weakness with clumsiness in the hands is noted in holding in manipulating objects. Physical examination demonstrates a positive Tinel's sign and bilateral wrist. There is mild two-point discrimination sensory loss with normal wrist range motion. No deformity is noted. Grip strength is diminished. Diagnosis is bilateral rest carpal tunnel syndrome, moderate to severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical 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 Bibliography Assistant Surgeon, <http://www.aaos.org/about/papers/position/1120.asp>

**Decision rationale:** The California MTUS/ACOEM/Official Disability Guidelines are silent on the issue of assistant surgeon. According to the American College of Surgeons, "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is no indication for an assistant surgeon for a routine carpal tunnel release. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is not medically necessary.