

Case Number:	CM15-0000077		
Date Assigned:	01/09/2015	Date of Injury:	07/22/2014
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 39 year old male who sustained a work related injury July 22, 2014. While lifting, he twisted to the right and felt a pop over his right knee. He was diagnosed as a sprained right knee and was treated with anti-inflammatories, physical therapy, and resumed full work. According to a treating physicians report dated November 19,2014, the injured worker presented with constant 2/10 pain of the left knee with numbness and tingling. There is difficulty bending the knee and squatting. There is tenderness to palpation over the medial joint line with a positive McMurray's and Apley's test. Diagnosis is documented as left knee medial meniscus tear. Treatment plan included request for authorization for a left knee arthroscopy with partial medial meniscectomy, pre-op clearance and assistant surgeon. Of note, an MRI of the RIGHT knee, dated September 5, 2014(present in medical record), reveals a complex tear involving the posterior horn and body of the medial meniscus with a displaced meniscal fragment suspected in the posterior intracondylar notch adjacent to the posterior horn, medial meniscal root; low signal thickening/scarring of the MCL.According to utilization review performed December 18, 2014, the request for Left Knee Arthroscopy, Partial Meniscectomy was certified.The request for Pre-Op (basic physical, EKG, chest x-ray, chem- panel, CBC) is non-certified and no rationale is provided with the review.The request for an Assistant Surgeon is non-certified and no rationale is provided with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 <http://www.aaos.org/about/papers/position/1120.asp>

Decision rationale: CA MTUS/ACOEM/ODG 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 knee arthroscopy. 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 and is therefore non-certified.

Pre-Op (basic Physical, EKG, CXR, CBC, Chem Panel): 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 Low back, Preoperative testing

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography." Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is an apparent healthy 39 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the determination is for non-certification.

