

<b>Case Number:</b>	CM15-0005390		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/21/2006
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 51 year old female, who sustained an industrial injury on December 21, 2006. She has reported right upper extremity pain, right elbow pain and right wrist pain. The diagnoses have included elbow pain, entrapment neuropathy upper limb, and radial styloid tenosynovitis. Treatment to date has included medications, electrodiagnostic studies, radiological imaging, and surgery. Currently, the IW complains of right upper extremity pain. Physical findings demonstrated tenderness and swelling of the right wrist. On December 12, 2014, Utilization Review non-certified Assistant surgeon based on MTUS, ACOEM guidelines. On January 3, 2015, the injured worker submitted an application for IMR for review of DeQuervains release of the right wrist, and electrocardiogram, and assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Book Chapter, Basic

Surgical Technique and Postoperative Care. David L. Cannon Campbell's Operative Orthopaedics for Assistant Surgeons

**Decision rationale:** The patient is a 51 year old female who was certified for de Quervain's release of the right wrist. Although this surgery is not overly complex, it does require sufficient control of the operative field to prevent risk to cutaneous nerves. As with most hand surgery cases, this risk can be reduced with the use of an assistant. ACOEM does not specifically address an assistant surgeon. However, from page 271 the following is stated: Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision. In addition, from the role of the assistant surgeon is defined: 'Seated opposite the surgeon, the assistant should view the operative field from 8 to 10 cm higher than the surgeon to allow a clear line of vision without having to bend forward and obstruct the surgeon's view. Although mechanical hand holders are available, they are not as good as a motivated and well-trained assistant. It is especially helpful for the assistant to be familiar with each procedure. Usually, the primary duty of the assistant is to hold the patient's hand stable, secure, and motionless, retracting the fingers to provide the surgeon with the best access to the operative field.' Thus, the role and importance of an assistant surgeon is well-defined and should be considered medically necessary. The UR states that the case is not sufficiently complex to warrant an assistant surgeon. This is contradicted by basic surgical technique as outlined in Campbell's Operative Orthopaedics for assistant surgeons in hand surgery cases.