

Case Number:	CM15-0009246		
Date Assigned:	03/10/2015	Date of Injury:	07/22/2014
Decision Date:	04/14/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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: 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, with a reported date of injury of 07/22/2014. The diagnoses include left knee medial meniscus tear. Treatments included an MRI of the right knee on 09/05/2014. The progress report dated 11/19/2014 indicates that the injured worker stated that his left knee continued to have constant pain with numbness and tingling. He rated the pain 2 out of 10. The injured worker continued to have significant difficulties in bending his knees and squatting. The objective findings of the left knee included no effusion, no obvious gross deformity or misalignment, left knee flexion at 130 degrees, left knee extension at 0 degrees, tenderness to palpation over the left medial joint line, intact sensation in all dermatomes in the bilateral lower extremities, right knee flexion at 150 degrees, right knee extension at 0 degrees, and normal bilateral motor strength. The report did not discuss the right knee, nor provide further objective findings for the right knee. The treating physician requested a right knee arthroscopy and partial meniscectomy which was certified. The treating physician also requested an assistant surgeon and pre-operative basic physical, EKG, chest x-ray, complete blood count, and chemistry panel. On 12/29/2014, Utilization Review (UR) denied the request for an assistant surgeon and pre-operative basic physical, EKG, chest x-ray, complete blood count, and chemistry panel. The rationale and the guidelines that were cited were not included.

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 is 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-Operative Basic Physical, EKG, Ches x-ray, 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 Official Disability Guidelines, 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 that 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 a 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 none.

