MAXIMUS Federal Services

Case Number:	CM15-0131685		
Date Assigned:	07/17/2015	Date of Injury:	01/11/2010
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Minnesota, Florida
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 55-year-old male, who sustained an industrial injury on 1/11/10. Initial complaints were not reviewed. The injured worker was diagnosed as having left knee degenerative osteoarthritis. Treatment to date has included status post left knee arthroscopy; removal loose body, major synovectomy, tricompartmental, lysis of intra-articular, debridement arthroplasty/chondroplasty adhesions (11/6/13); status post Left total knee arthroplasty (10/6/14); physical therapy; medications. Diagnostics studies included MRI left knee (8/31/13). Currently, the PR-2 notes dated 5/15/15 is hand written. The notes indicated the injured worker lacks extension 10-15 degrees and lacks flexion 30 degrees. He is ambulating more. His treatment plan included a Dynasplint. The injured worker is a status post left total knee arthroplasty completed on 10/6/14 and then on 2/9/15, a left knee manipulation under anesthesia took place due to a postoperative infection resulting in total ankylosed/adhesive capsulitis and no mobility. The provider is requesting authorization of assistant surgeon for a left knee manipulation arthroscopic release medial/lateral retinaculum.

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 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American association of orthopaedics surgeons position statement reimbursement of the first assistant at surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons Statement of Principles, Surgical Assistant.

Decision rationale: With regard to the request for an assistant surgeon, the American College of Surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain homeostasis and serve other technical functions. It may be necessary to utilize non-physicians as first assistants. In this case, the operative procedure is manipulation under anesthesia with arthroscopy and medial and lateral retinacular release. As a general policy the hospital provides an assistant who is a trained individual. The function of the assistant in this instance would be to hold the leg, facilitating the manipulation and also to provide assistance as needed during the arthroscopic procedure by holding the leg if necessary or holding the camera while the surgeon has 2 free hands to do the procedure. As such, an assistant surgeon is not needed for this procedure which by itself does not constitute a complex surgical procedure requiring active assistance. In light of the foregoing, the request for an Assistant Surgeon is not supported and the medical necessity of the request has not been substantiated.