

<b>Case Number:</b>	CM15-0131929		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/26/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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 72 year old male, who sustained an industrial injury on 11/26/2014. He has reported injury to the right knee. The diagnoses have included osteoarthritis of knee; right knee medial and lateral meniscal tears; and industrial aggravation of right knee patellofemoral degenerative joint disease. Treatment to date has included medications, diagnostics, bracing, injections, and physical therapy. Medications have included Advil. A progress report from the treating provider, dated 06/22/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant, dull, aching pain in the right knee that increases with activity; he has increased pain with prolonged standing and walking; he is able to stand more than 20 minutes at a time; and activities have become much more limited following this injury. Objective findings included positive tenderness of the right knee; trace effusion; positive McMurray's sign; and prior radiographs show moderate patellofemoral degenerative joint disease. The treatment plan has included right knee arthroscopic medial meniscectomy. Request is being made for associated surgical service: assistant surgeon; and associated surgical service: cold therapy unit x 7 days.

### 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: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**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:** 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, maintained hemostasis and serve other technical functions. The qualifications of the person in this role may vary with the nature of the operation, the surgical specialty and the type of hospital or ambulatory surgical facility. The American college of surgeons supports the concept that ideally the first assistant should be a qualified surgeon or resident but it may be necessary to utilize nonphysicians as first assistants. In this case, the surgery is arthroscopy with a partial meniscectomy. The assistant's duty would be to support the leg in an optimum position or to hold the camera while the surgeon is operating with 2 hands. As such, an operating room technician would be sufficient and the medical necessity of a surgical assistant is not supported. The request is not medically necessary.

**Associated surgical service: Cold therapy unit x 7 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous Flow cryotherapy.

**Decision rationale:** ODG guidelines recommend continuous-flow cryotherapy as an option after surgery for up to 7 days including home use. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. As such, the request is appropriate and the medical necessity of the request is established. The request is medically necessary.