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| <b>Case Number:</b>   | CM15-0134310 |                              |            |
| <b>Date Assigned:</b> | 07/22/2015   | <b>Date of Injury:</b>       | 08/28/2014 |
| <b>Decision Date:</b> | 09/01/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2015 |

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 47-year-old male who sustained an industrial injury on 8/28/14. He had complaints of right arm and right wrist pain. He was diagnosed with right forearm crush injury, acute compartment syndrome of the right forearm in addition to open fractures of the right radius and ulna shaft. Initial treatment required surgery open reduction with internal fixation of the right forearm radius and ulna fracture. Progress report dated 6/3/15 reports the injured worker is 8 months post op after right arm surgery. He has complaints of radial right wrist pain. Diagnoses include: fracture non-union, fracture wrist distal radius and fracture radius with ulna. Plan of care includes: request authorization for diagnostic wrist arthroscopy on the right with probable synovectomy and possible radial styloidectomy, continue to use bone simulator on the ulna and the static progressive supination splint. Request for postoperative occupational therapy visits 3 times per week for 3 weeks. Work status: remain disabled. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Service: Physician assistant-PAC: 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 Green's Operative Hand Surgery, 6th ed. Chapter 19, Wrist arthroscopy. Operative Arthroscopy, 4th ed. Section III: The wrist.

**Decision rationale:** This is a request for a physician assistant to serve as an assistant surgeon during wrist arthroscopy. The details of such surgery are beyond the scope of the California MTUS, but described in the specialty texts referenced. The surgery involves examining the wrist with fiberoptic microscopes placed through very small incisions. An assistant surgeon is not necessary. Therefore, the request is not medically necessary.