

Case Number:	CM15-0149306		
Date Assigned:	08/12/2015	Date of Injury:	01/02/2014
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: Montana, Oregon, Idaho

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 38 year old male, who sustained an industrial injury on January 2, 2014. He reported an injury to his left knee and was diagnosed with knee sprain. Treatment to date has included MRI of the left knee, physical therapy, NSAIDS, modified work duties, orthotics, Kenalog injection, and pain medications. Currently, the injured worker complains of continued pain to the left knee. He rates his pain an 8 on a 10-point scale and reports that the pain is improved with Naproxen. His pain is aggravated with climbing stairs and he reports that the pain is worsened following physical therapy. On physical examination the injured worker has trace effusion of the left knee and positive patellar grind with medial joint line tenderness. He has intact sensation and motor strength and a negative McMurray's test. The evaluating physician noted that the injured worker had failed physical therapy, steroid injection and had only mild improvement with NSAIDS. The diagnoses associated with the request include industrial aggravation of the left knee compartment patellofemoral degenerative joint disease and industrial aggravation of the left knee medial joint disease. The treatment plan includes cancellation of schedule physical therapy, right knee arthroscopy and patellar chondroplasty with assistant surgeon, post-operative cold therapy, post-operative physical therapy and post-operative Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chondroplasty.

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." In this case there is no indication for an assistant surgeon for a routine knee arthroscopy with chondroplasty. 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.