

<b>Case Number:</b>	CM15-0194533		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Oregon, Washington  
 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 43 year old male, who sustained an industrial injury on 3-27-2014. Medical records indicate the worker is undergoing treatment for post ganglion resection. A recent progress report dated 8-19-2015, reported the injured worker complained of left wrist pain with any extension or flexion. Physical examination revealed the injured worker was markedly tender in the scapholunate region. Left wrist magnetic resonance imaging on 8-13-2015 showed dorsal membrane degeneration, ganglion cyst, triangular fibrocartilage degeneration and fraying and mild scarring and tendinosis of the extensor carpi radialis brevis tendon. Treatment to date has included surgery, physical therapy and medication management, with a pending arthroscopic surgery to the left wrist. The physician is requesting assistant surgeon and transportation. On 9-3-2015, the Utilization Review non-certified the request for an assistant surgeon and transportation.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**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 are 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 wrist 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. Bibliography Assistant Surgeon <http://www.aaos.org/about/papers/position/1120.asp>

**Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Cornerstones of Disability Prevention and Management Chapter 5, Managed Delayed Recovery; Official Disability Guidelines (ODG) Knee Chapter (Online Version).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case, the exam note from 8/19/15 does not demonstrate evidence of functional impairment precluding self-transportation. Therefore, the determination is for non-certification. The request is not medically necessary.