

Case Number:	CM15-0204163		
Date Assigned:	10/21/2015	Date of Injury:	08/14/2015
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/16/2015

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 39 year old female who sustained an industrial injury on 8-14-15. A review of the medical records indicates she is undergoing treatment for status post left foot fifth metatarsal fracture - comminuted and mildly displaced (9-30-15). She was also diagnosed with left knee contusion on 8-31-15). Medical records (8-14-15, 8-31-15, and 9-11-15) indicate ongoing complaints of left foot and left ankle pain. Her pain rating was "5 out of 10" on 8-14-15. On 9-11-15, she complained of difficulty bending and flexing the left foot little toe. The physical exam (9-11-15) reveals "decreased swelling" of the left foot and that "normal" alignment of the left fifth toe is noted to palpation. The treating provider indicates she has "some difficulty" with extension and flexion of the left fifth toe extensors and flexors, "but they appear to be firing." She is noted to be "improving." The 9-30-15 progress record indicates that she "is approximately 50-60% improved" and "able to weight bear in the AFO boot." The physical exam (9-30-15) reveals "minimal" tenderness at the left foot fracture site. Ankle dorsiflexion is noted to be 15 degrees and plantar flexion 30 degrees. Diagnostic studies have included x-rays of the left foot and ankle, as well as an MRI of the left foot. Treatment has included medications, modified activities, splinting-AFO boot, and non-weight bearing. The treatment plan includes an open reduction internal fixation "for delayed union of the fifth metatarsal", which "would be performed in two to three months if the fracture does not heal". The treating provider indicates that the surgery would be performed on an outpatient basis with a "surgical assistant needed". The utilization review (10-9-15) includes a request for authorization of a surgical assistant. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Surgeons (ACS), The Center for Medicare and Medicaid Services (CMS).

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 open reduction internal fixation of a 5th metatarsal. 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.