

<b>Case Number:</b>	CM15-0027417		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Illinois, California, Texas  
 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 51-year-old female who sustained a work related injury on 8/4/10. Past surgical history was positive for right carpal tunnel release, distal forearm fasciotomy, lateral elbow extensor tendon debridement, partial osteotomy and repair on 1/24/14. The diagnoses have included right medial and lateral epicondylitis with flexor tendinosis, right elbow pain and status post right elbow surgery. Treatments to date have included cortisone injections right elbow, home exercises, oral medication of Motrin, and acupuncture. Records indicated the patient had grade 8/10 right elbow pain that was recurrent following a injection in November. Exam documented extreme tenderness over the lateral epicondyle, positive wrist extension test, and grip strength weakness. The treatment plan recommended right elbow common extensor tendon percutaneous tenosynovectomy with TENEX, platelet-rich plasma, assistant surgeon, post-op physical therapy x 12, and pre-operative medical clearance, labs, and EKG. The 2/9/15 utilization review certified a request for right elbow common extensor tendon percutaneous tenosynovectomy with TENEX. The request for an assistant surgeon was non-certified. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant Surgeon QTY: 1.00:** 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 Centers for Medicare and Medicaid services, Physician Fee Schedule, Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 24357, there is a "0" in the assistant surgeon column. Therefore, based on the stated guideline and the limited complexity of the procedure, this request is not medically necessary.