

Case Number:	CM15-0222748		
Date Assigned:	11/18/2015	Date of Injury:	04/21/2015
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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:

This injured worker is a 46-year-old male who sustained an industrial injury on 4/21/15, relative to a trip and fall. Conservative treatment had included medications, activity modification, crutches, and physical therapy. The injured worker underwent left knee arthroscopy with removal of loose body, chondroplasty, and partial meniscectomy on 8/27/15. The 10/19/15 right knee MRI impression documented a medial meniscus complex mid-body near full thickness radial tear involving both articular surfaces and posterior horn oblique tear extending along the inferior articular surface to the inner edge laterally near the root insertion. There was severe patellofemoral degenerative arthritis with diffuse full thickness cartilage eburnation along the lateral patellar facet and condyle. The patella was laterally positioned raising suspicion of abnormal patellar tracking. There was mild to moderate medial and mild lateral tibiofemoral degenerative arthritis. There was small joint effusion and small multiloculated medial popliteal cyst. The 10/23/15 treating physician report cited grade 7/10 right knee pain and on-going symptoms similar to his pre-operative left knee complaints. Physical exam documented medial joint line tenderness, positive McMurray's, and crepitus with range of motion. Range of motion was nearly full with no gross ligamentous instability. Authorization was requested for right knee arthroscopy with meniscectomy and chondroplasty and an assistant surgeon. The 10/30/15 utilization review non-certified the request for an assistant surgeon for the approved right knee arthroscopy with meniscectomy and chondroplasty as there was no rationale provided why an assistant surgeon would be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Assistant surgeon, Qty 1: Overturned

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 - Surgical assistant.

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 or co-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 codes 29881 (medial) and 29877, there is a 0 in the assistant surgeon column and a 1 in the co-surgeon column. For the arthroscopy, CPT code 29870, there is a 1 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.