

Case Number:	CM15-0033422		
Date Assigned:	02/26/2015	Date of Injury:	08/26/2013
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 54 year old female, who sustained an industrial injury on August 26, 2013. The diagnoses have included torn medial meniscus of the left knee Treatment to date has included medication, physical therapy, steroid injection, and diagnostic studies. Currently, the injured worker complains of ongoing right knee pain and notes that climbing stairs and standing aggravate the pain. An MRI of the left knee on 10/14/2014 revealed diffuse osteoarthritis most advanced in the medial and patellofemoral compartments and complete tear through the posterior horn of the medial meniscus along the margin of the root attachment. Surgical intervention was recommended. On February 13, 2015 Utilization Review non-certified a request for one assistant surgeon as an outpatient, noting that the requirement for an assistant surgeon is unclear. Also it is noted that a surgical technician or non-clinical provider can assist the surgeon in positioning the knee. The Official Disability Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of one assistant surgeon as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 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).

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 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.