

Case Number:	CM15-0049344		
Date Assigned:	03/23/2015	Date of Injury:	05/06/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 35 year old male, who sustained an industrial injury on 5/6/2014. He reported his right hand was cut with a miter saw resulting in a major laceration into the thumb web and hand, requiring tendon repair to the index finger and nerve repair to the middle three digits on 5/6/14. Diagnoses include contracture of the right hand, causalgia syndrome, complicated laceration of the hand and digital nerve injury. Treatments to date include medication therapy, post-operative physical therapy and splinting. Currently, they complained of numbness and loss of function of the right hand, associated with swelling, color change, sweating and sensations of burning. On 2/16/15, the provider documented objective findings including decreased sensation to the index, middle, and ring finger. The plan of care included exploration of nerves in the right palm with possible nerve grafting or nerve conduits with request for a surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Surgical Assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter. Basic Surgical Technique and Postoperative Care. David L. Cannon. Campbell's Operative Orthopaedics, Chapter 64, 3200-3220.

Decision rationale: The patient is a 35 year old male who had previously suffered a major laceration into the thumb web and hand, requiring tendon and nerve repair to multiple digits. The patient was certified for exploration of nerves in the right palm with possible nerve grafting or nerve conduits. Despite the UR assertions, this should be considered a complex surgical case that requires a surgical assistant with skill in microscopic dissections. Thus, a surgical assistant should be considered medically necessary. From the above reference, the role of the assistant surgeon is defined: "Seated opposite the surgeon, the assistant should view the operative field from 8 to 10 cm higher than the surgeon to allow a clear line of vision without having to bend forward and obstruct the surgeon's view. Although mechanical hand holders are available, they are not as good as a motivated and well-trained assistant. It is especially helpful for the assistant to be familiar with each procedure. Usually, the primary duty of the assistant is to hold the patient's hand stable, secure, and motionless, retracting the fingers to provide the surgeon with the best access to the operative field." In addition, the surgical assistant will need to be skilled in microsurgical technique, especially during microdissection and micro-repair. The request is medically necessary.