

Case Number:	CM15-0056972		
Date Assigned:	04/01/2015	Date of Injury:	07/30/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/25/2015

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 59 year old female, who sustained an industrial injury on 07/30/2014. She reported work overuse of hands, wrists, and fingers. The injured worker is currently diagnosed as having degenerative thumb arthritis with arthroplasty of carpometacarpal joint of left thumb and reconstruction of ligament of wrist. Treatment to date has included bilateral carpal tunnel surgery, left thumb injection, therapy, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of hand pain. The treating physician reported requesting authorization for a surgical assistant for trapezius resection arthroplasty surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical assistant: Overturned

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 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 59 year old female who was certified for left wrist CMC arthroplasty. This is a relatively complex case and a surgical assistant would be necessary to assist with exposure and facilitate the completion of the case. 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.' From the medical records provided, a rationale for non-certification of the surgical assistant was not provided.