

Case Number:	CM15-0081358		
Date Assigned:	05/04/2015	Date of Injury:	06/06/2010
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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: Minnesota, Florida

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 49 year old, male who sustained a work related injury on 6/6/10. He sustained a fracture of the left distal fibula treated by open reduction and internal fixation with a lag screw and a 8 hole plate. Documentation indicates symptoms of mild pain related to the retained hardware. The treatments have included physical therapy, a home exercise program, use of Voltaren gel and medications. In the PR-2 Orthopedic Consultation dated 3/30/15, the injured worker complains of left ankle pain. He rates the pain level at 1-2/10. He has ankle hardware that is prominent, bothersome and sometimes painful. The treatment plan is a request for authorization of left ankle hardware removal surgery and use of an assistant surgeon. Utilization review approved the surgery but non-certified the request for an assistant surgeon using rationale indicating that the hardware is superficial. This is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons 2013 Assistants at Surgery Consensus.

Decision rationale: The injured worker is a 49-year-old male with a date of injury of 6/6/2010. Office notes dated 3/30/2015 document a healed fracture of the distal fibula fixed with a lag screw and 8 hole plate. A request for removal of the hardware, medical clearance, preoperative chest x-ray and postoperative physical therapy was certified by utilization review. And associated request for an assistant surgeon was not certified. The hardware is superficial and palpable through the skin. The American College of Surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintained hemostasis, and serve other technical functions. The 2013 Assistant at Surgery Consensus indicates that a surgical assistant is not necessary for removal of hardware. As such, the request for a surgical assistant is not medically necessary and the request has not been substantiated.