

Case Number:	CM15-0084719		
Date Assigned:	05/11/2015	Date of Injury:	10/28/2014
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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 male, who sustained an industrial injury on 10/28/2014. The initial complaints or symptoms included pain, stiffness and soreness in the neck and both shoulders as well as numbness and tingling from both elbows down to both hands from repetitive activities. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, electrodiagnostic testing, and physical therapy. Currently, the injured worker complains of pain to posterior neck with radiating pain to both arms, and numbness and tingling to the bilateral forearms, hands, wrists, thumbs and index fingers. The diagnoses include symptomatic multilevel degenerative disc and spondylotic disease of the cervical spine, bilateral shoulder strain and mild impingement syndrome, moderate carpal tunnel syndrome, probable cubital tunnel syndrome to the left elbow, and overuse syndrome of the bilateral upper extremities. The request for authorization included an assistant surgeon for carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Assistant surgeon for carpal tunnel release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Association of Orthopedic surgeons.

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, Page Number: Chapter 64, 3200-3220.

Decision rationale: The patient is a 59 year old male who was certified for carpal tunnel release, but not for a surgical assistant. The UR stated that based on the American Association of Orthopaedic Surgeons the ultimate decision for a surgical assistant is up to the operating surgeon. However, carpal tunnel release is not a complicated procedure and standard practice does not require an assistant. From the above reference with respect to hand surgery, 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.' Thus, the role and importance of an assistant surgeon is well-defined and should be considered medically necessary. Although carpal tunnel release may be considered a relatively non-complex surgery, complications can arise from injury to the median nerve or its branches, as well as the vasculature of the hand. Thus, an assistant can help to prevent this and should be considered medically necessary.