

Case Number:	CM14-0218833		
Date Assigned:	01/09/2015	Date of Injury:	05/13/2011
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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 (IW) is a 54 year old male who sustained a work related injury on 5/13/2011. The injury affected the left knee and occurred while descending stairs. Prior medical history included surgical arthroscopy and debridement in 2002 and patellar realignment in 2003. An operative report from 9/16/2014 included diagnostic and operative arthroscopy with lateral retinacular release, patelloplasty, partial medial meniscectomy, synovectomy and arthrotomy to the knee for the purpose of medial capsular reconstruction. A PR2 from 12/4/2014 notes a suture granuloma to the medial aspect of the left knee. The treatment plan included surgical suture granuloma removal, preoperative clearance exam, 12 sessions of physical therapy, postoperative cryotherapy and interferential unit, prescription of Soma and use of an assistant surgeon. Work status is temporary total disability at this time. The Division of Workers' Compensation Request for Authorization for Medical Treatment (RFA) included requests an assistant surgeon. On 12/22/2014, the Utilization Review (UR) noncertified the request for an assistant surgeon, noting lack of medical necessity for an assistant with this surgery type. The Millman Care Guidelines Assistant surgeon were cited.

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 Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Medicare and Medicaid services, Millman Care Guidelines, Assistant Surgeon.

Decision rationale: The requested surgical procedure is excision of suture granulomas from the medial aspect of the left knee. This is a simple procedure which does not require the services of an assistant surgeon. As such, the request for an assistant surgeon is not appropriate or medically necessary.