

<b>Case Number:</b>	CM15-0016355		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45 year old male who sustained an industrial injury on 12/17/12. He has reported ongoing problems with the shoulder, elbow, wrist, and hand and has been diagnosed with carpal tunnel syndrome and ulnar nerve involvement, suspect TFCC tear, status post right lateral epicondyle release, and right shoulder impingement. Treatment has included surgery. Currently the injured worker complains of pain involving the right upper extremity. The treatment plan included further surgery for the wrist and shoulder. On 1/12/15 Utilization Review non certified assistant surgeon citing the Official Disability Guidelines.

### 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, surgical assistant

**Decision rationale:** The MTUS does not address the need for an assistant surgeon. The ODG guidelines address the surgical assistant only in the low back section, with surgical assistants recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Only one assistant surgeon for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. The following low back surgical procedure CPT codes are eligible for a surgical assistant: 20930; 20931; 20936; 20937; 20938; 22224; 22226; 22548; 22558; 22585; 22612; 22614; 22630; 22632; 22830; 22840; 22841; 22842; 22843; 22844; 22845; 22846; 22847; 22849; 22850; 22851; 22852; 22855; 63005; 63011; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 63056; 63057; 63170; 63185; 63190; 63200; 63267; 63268; 63272; 63273; & 69990. (CMS, 2014)The request for an assistant surgeon should be well documented, including the complexity that requires assistance. The Utilization Review rationale is supported and the request for assistant surgeon is not medically necessary.