MAXIMUS Federal Services

Case Number:	CM15-0117007		
Date Assigned:	06/25/2015	Date of Injury:	02/10/2012
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: California
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:

This 43-year-old male sustained an industrial injury to the left ankle on 2/10/12. The injured worker underwent calcaneal osteotomy with screw fixation, lateral right ankle ligament repair, peroneus brevis tendon repair and posterior tibial tendon surgery on 3/13/13. The injured worker subsequently underwent subtalar joint fusion and subtalar joint arthrodesis. The injured worker received postoperative physical therapy but continued to exhibit supination spasm. The injured worker subsequently developed low back, hip and right ankle pain. Magnetic resonance imaging right ankle showed failed surgical fusion of the subtalor joint. In a progress note dated 4/8/15, the injured worker still had problems with his foot inverting and abducting. Physical exam was remarkable for left ankle with tenderness to palpation, no range of motion at the subtalar joint and decreased lower extremity motor strength. Current diagnoses included left ankle sprain / strain with subsequent surgery postoperatively for subtalar joint fusion with noncertified union and absent anterior talofibular ligament. The treatment plan included surgical repair with midfoot fusion and possible fusion of subtalar joint with associated surgical services and possible ankle-foot orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Surgical Assistant: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Assistant Surgeon, 1. http://www.aaos.org/about/papers/position/1120.asp.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is no indication for an assistant surgeon for a routine midfoot fusion. The guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. In this case the decision for an assistant surgeon is not medically necessary and is therefore is not medically necessary.