

<b>Case Number:</b>	CM15-0021189		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 (IW) is a 64-year-old male who sustained an industrial injury on 09/04/2012 when he tripped and fell over a power cord striking his right hand and left knee as he was trying to catch his fall. He has reported severe back pain and pain in the right wrist. Diagnoses include a tear of the right triangular fibrocartilage complex at the insertion of the ulnar styloid process, symptomatic, confirmed by MR arthrogram on 08/12/2014; sprain of the proximal fibers of the right long radioulnate ligament near its origin from the radiostyloid, very symptomatic, confirmed by MR arthrogram on 08/12/2014; small amount of fluid in the right abductor pollicis longus tendon sheath at the level of the distal radius, which may represent tenosynovitis; and tear right lunotriquetral interosseous ligament, symptomatic, confirmed by MR arthrogram on 08/12/2014. Treatment to date includes wrist surgery for treatment of DeQuervain's tenosynovitis on 08/29/2013 and conservative measures including medications, acupuncture and chiropractic/physiotherapy. A progress note from the treating provider dated 09/03/2014, indicates the IW had intermittent edema noted during periods of increased activity, residual pain in the right wrist at the volar radial aspect and at the ulnar aspect of the right wrist without motion stability at the distal radioulnar joint., and history of hyperabduction and flexion injury to the right thumb and right wrist. Clinical examination and MRI scanning of the wrist confirm radioulnate and lunotriquetral tear. A request was made for an arthroscopic exam of the right wrist with evaluation of the right long radioulnate ligament tear; denervation of the right dorsal central wrist with excision of the posterior interosseous nerve; and denervation of the right volar central wrist with excision of the anterior interosseous nerve. Right proximal row carpectomy,

Intraoperative x-rays and use of fluoroscopy intraoperatively. Postoperative medications were also requested. On 01/20/2015, the surgery and requests surrounding the surgery were approved with the exception of the following: On 01/20/2015 Utilization Review non-certified a request for a PA assistant noting the assistant is recommended as an option in more complex surgeries. The procedure approved is not of such complexity that a skilled assistant is required. The Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PA assistant:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15) Surgical assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, surgical assistant Chapter: 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 64 year old who was approved for arthroscopic evaluation of the wrist, proximal row carpectomy and excision of the posterior interosseous nerve. Based on the complexity of the multiple procedures, the request for a surgical assistant is reasonable and medically necessary. From ODG, a surgical assistant is recommended as an option in more complex surgeries. Thus, despite the assertion by the UR, this case is one of sufficient complexity to require a surgical assistant. Additionally, from the 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.