

<b>Case Number:</b>	CM15-0067381		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Illinois, California, Texas  
 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 is a 60-year-old female who sustained an industrial injury on 8/11/14, relative to a slip and fall onto both knees. Past medical history was positive for hypertension. The 9/26/14 right knee MRI revealed a small flap tear at the anterior horn of the lateral meniscus. The 3/12/15 treating physician report cited bilateral knee pain with right knee buckling, swelling, and limited ability to stand and walk. There was a cramping sensation in the posterior knees. Conservative treatment had included physical therapy, right knee corticosteroid injection and medications. Right knee exam documented positive swelling, diffuse tenderness, and posterior fullness. There was very guarded range of motion 0-70 degrees, 3+ /5 quadriceps weakness, and tenderness over the lateral and medial joint lines. The diagnoses included bilateral patellar tendinosis and chondromalacia patella, right greater than left. Blood pressure was 180/110. Authorization was requested for right knee scope with partial lateral meniscectomy with surgical assistant. The 3/20/15 utilization review modified a request for right knee arthroscopy partial meniscectomy with surgical assistant to a right knee arthroscopy partial meniscectomy as there was no justification supplied for the necessity of a surgical assistant for a less complex procedure such as knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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); Work Loss Data Institute, LLC, Corpus Christi, TX; [www.odg-twc.com](http://www.odg-twc.com); Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 03/03/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 28991, there is a "0" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is not medically necessary.