

Case Number:	CM15-0069942		
Date Assigned:	04/17/2015	Date of Injury:	02/10/2015
Decision Date:	05/18/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 is a 42 year old male, who sustained an industrial injury on February 10, 2015. The injured worker has been treated for head, wrist and hand complaints. The diagnoses have included closed head trauma, laceration of the hands, right second and fifth finger sprain and blood borne exposure. Treatment to date has included medications, radiological studies, occupational therapy and a home exercise program. Current documentation dated March 18, 2015 notes that the injured worker reported pain in the left thumb and right fifth digit. The injured worker also noted the left hand felt weak during activities of daily living. The documentation noted ongoing numbness and tingling in the right fifth digit and stiffness of the right index finger and left thumb. The treating physician recommended right small finger surgery. The treating physician's plan of care included a request for a surgical assistant. The use of a surgical assistant was not certified stating that the nature of the procedure does not usually require an assistant.

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 Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter. Basic Surgical Technique and Postoperative Care. David L. Cannon. Campbell's Operative Orthopaedics, Chapter 64, 3200-3220.

Decision rationale: The patient is a 42 year old male who was certified for microscopic repair of radial digital nerve of the right small finger and possible nerve graft. This includes a microscopic, meticulous dissection of a small digital nerve which is sufficiently complicated to require a surgical assistant. In addition, the possible use of a nerve graft serves to add complexity to the surgery as well. Despite the UR assertions, this should be considered a complex surgical case that requires a surgical assistant with skill in microscopic dissections. Thus, a surgical assistant should be considered medically necessary. From the above reference, 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.' In addition, the surgical assistant will need to be skilled in microsurgical technique, especially during microdissection and micro-repair.