

<b>Case Number:</b>	CM15-0072285		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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:

The injured worker is a 21 year old male who sustained an industrial injury on 7/22/2013. His diagnoses, and/or impressions, included: traumatic left knee tendonitis; left knee peri-patellofemoral, rule out a tear of the medial meniscus; left knee internal derangement, chondromalacia, antalgic gait secondary to fall; and left knee pain. Recent magnetic resonance imaging studies of the left knee are noted on 11/3/2014, and left knee x-ray was reported to have been done on 7/22/2013. His treatments have included physical therapy with additional physical therapy; injection therapy, ineffective; diagnostic imaging studies; left knee brace; chiropractic treatments; an agreed medical examiner evaluation, and supplemental reports (10/11/14); and medication management. Progress notes of reported constant, inner left knee pain that is unstable, gives way and pops. The physician's requests for treatments were noted to include an assistant surgeon for the arthroscopy/partial medial meniscectomy of the left knee.

### 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 American Association of Orthopedic surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** CA MTUS/ACOEM/ODG is 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 knee arthroscopy. 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 non-certified.