

<b>Case Number:</b>	CM13-0033540		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 58 year old male who was injured on 07/29/2011. According to the prior UR review, the patient sustained a left shoulder injury while lifting a 100 pound battery. There is no prior treatment history submitted in the medical records except the patient underwent an arthroscopic rotator cuff repair with subacromial decompression of left shoulder dated 11/13/2013. There are no diagnostic studies submitted in the records. The PR2 notes submitted in this medical record are illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ASSISTANT SURGEON:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons, American College of Surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgery, Surgical Assesant, page 65: <http://www.facs.org/ahp/pubs/2011physassturg.pdf>

**Decision rationale:** The California MTUS Guidelines and the Official Disability Guidelines have not addressed the issue of dispute. According to the Americal College of Surgery, a surgical

assistant is recommended for arthroscopic shoulder surgical rotator cuff repair and sometimes arthroscopic surgical decompression of subacromial space with partial acromioplasty with or without coracoacromial release. In this case, the medical records document the patient underwent arthroscopic surgery for left shoulder as a rotator cuff repair with subacromial decompression. In the presence of the arthroscopic surgical repair of rotator cuff, the request meets the guidelines criteria. The request for an assistant surgeon is medically necessary and appropriate.