

Case Number:	CM13-0050255		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2010
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and multiple prior shoulder and hand surgeries. In a utilization review report of October 21, 2013, the claims administrator approved the right shoulder arthroscopy with rotator cuff repair and distal clavicle excision, noting that the applicant had failed conservative treatment. The claims administrator further supported 12 sessions of postoperative physical therapy and denied an assistant surgeon, stating that an assistant surgeon was not needed for shoulder decompression purposes. No guidelines were cited, it is incidentally noted, for the assistant surgeon denial. An earlier note of October 9, 2013 is notable for the comments that the claimant has persistent shoulder complaints, has a BMI of 24, has limited shoulder range of motion with flexion of 155 degrees, and should undergo a surgical remedy for his partial-thickness rotator cuff tear given the failure of conservative management.

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 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 The Physician Reviewer based his/her decision on American College of Surgeons (ACS), <http://www.facs.org/ahp/pubs/2011physassturg.pdf>, and Physicians as Assistants at Surgery: 2011 Study.

Decision rationale: The MTUS does not address the topic. As noted by the American College of Surgeons (ACS) Guidelines on physicians as assistants during surgery consensus opinion, shoulder arthroscopy with distal claviclectomy or Mumford procedure, the procedure which has reportedly been certified here, "sometimes" requires an assistant surgeon. The procedure which the claimant is undergoing is one which has been deemed by the American College of Surgeons (ACS) to be one which sometimes requires usage of an assistant surgeon, contrary to what was stated by the claims administrator. Therefore, the original utilization review decision is overturned. The request is certified.