

<b>Case Number:</b>	CM14-0003387		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 claimant is 35-year-old female who sustained multiple upper extremity injuries on August 11, 2009 following a work related injury. The Utilization Review process has supported the recommendation for shoulder arthroscopic rotator cuff repair. The specific surgical request is a subacromial decompression and arthroscopic rotator cuff repair. There is currently a request for a first assistant in the above-mentioned procedure. The remaining clinical records are not pertinent to this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A FIRST 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29355 to 29901) CPT® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on Milliman Care Guidelines, the request for a first assistant for an arthroscopic procedure to the shoulder is not supported. Milliman Care Guidelines do not recommend the role of an assistant surgeon for any arthroscopic related procedure to the shoulder. The specific request in this case would not be deemed medically necessary.