

<b>Case Number:</b>	CM14-0013594		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 patient is a 36-year-old male who has submitted a claim for right upper extremity cervicobrachial sprain/strain and distal right biceps tendinopathy associated with an industrial injury date of July 5, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the right shoulder and biceps, rated 8/10. On physical examination, there was diffuse tenderness of the shoulder and neck. Neurovascular status was intact. Range of motion was full but elicited pain at the extremes. Supraspinatus stress test and SLAP test were positive. The patient also tested positive for infraspinatus tendinopathy. Treatment to date has included medications, physical therapy, home exercise program, and diagnostic right shoulder arthroscopy (February 4, 2014).

### 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 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 American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**Decision rationale:** CA MTUS does not specifically address assistant surgeons. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics was used instead. The American Association of Orthopedic Surgeons states that the first assistant to the surgeon aids in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. Criteria for evaluating the procedure include: (1) anticipated blood loss; (2) anticipated anesthesia time; (3) anticipated incidence of intraoperative complications; (4) procedures requiring considerable judgmental or technical skills; (5) anticipated fatigue factors affecting the surgeon and other members of the operating team; and (5) procedures requiring more than one operating team. In this case, the patient underwent diagnostic right shoulder arthroscopy. Arthroscopic surgery usually does not require assistant surgeons. Furthermore, there was no discussion regarding the need for an assistant surgeon for the arthroscopic procedure. Therefore, the request for assistant surgeon is not medically necessary.

**PURCHASE OF CRYOTHERAPY UNIT:** Upheld

**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 Official Disability Guidelines (ODG) Shoulder, Continuous-flow Cryotherapy.

**Decision rationale:** CA MTUS does not specifically address continuous-flow cryotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, a clear rationale was not provided as to why purchase of a cryotherapy unit was necessary when there is an option for a seven-day rental, which follows guideline recommendations. Therefore, the request for purchase of cryotherapy unit is not medically necessary.