

<b>Case Number:</b>	CM14-0115391		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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:

This is a 45-year-old male with reported industrial injury of January 11th, 2013. Claimant is status post right shoulder arthroscopy subacromial decompression, distal clavicle excision rotator cuff repair performed on January 30, 2014. Examination note from January 18, 2014 demonstrates radiation to her right upper extremity, right elbow shoulder joint tenderness, numbness in the third fourth fifth digits and right thumb. Exam note from June 2014 demonstrates claimant is improving pain and more function symptomatic with anterior lateral shoulder pain. In addition, the claimant complaints of right elbow numbness and tingling along the ulnar nerve distribution exam demonstrates Tinel's test over the nerve. Request is made for decompression of right cubital tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-Operative Physical Therapy for the Right Shoulder for Twelve (12) visits:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS/Post surgical treatment guidelines, page 16 state that 20 visits over 3 months is recommended for cubital tunnel release. In addition, half of the visits are

initially recommended. The request exceeds the initial visits recommended. Therefore, the requested Physical Therapy is not medically necessary.

**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 Other Medical Treatment Guideline or Medical Evidence: <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** CA MTUS/ACOEM/ODG are 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 cubital tunnel release. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the request for an Assistant Surgeon is not medically necessary.

**Post-Operative Appointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 237-238.

**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:1.) Abraham, M.; American Medical Association.; et al. 2013 AMA CPT Professional Edition. Chicago, Il. 20122.)Common Coding Scenarios for Comprehensive Spine Care 2013. ISBN# 978-1-929988-30-3.

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on postoperative appointment. Alternative references were utilized. Postoperative appointment according to the AMA CPT Professional Edition and Common Coding Scenarios are bundled into the episode of care for a cubital tunnel release. Therefore, the request for Post-Operative Appointment is not medically necessary.