

<b>Case Number:</b>	CM14-0153457		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/12/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Surgeon 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 female who has submitted a claim for right shoulder superior labral anteroposterior (SLAP) tear and possible rotator cuff tear associated with an industrial injury date of 12/12/2010. Medical records from 2014 were reviewed. The patient complained of right shoulder pain associated with tenderness and limited motion towards forward flexion, internal rotation, and abduction. MRI of the right shoulder from 7/21/2014 documented high-grade partial tear of the rotator cuff tendon including 50% articular sided tear with delamination of the supraspinatus, approximately 3 cm medial-lateral. There was no documentation concerning conservative care. Current treatment plan is right shoulder arthroscopic subacromial decompression, arthroscopic rotator cuff repair, and arthroscopic labral repair (Bankart)The utilization review from 8/27/2014 denied the request for assistant surgeon because the guideline did not recommend an assistant for the contemplated surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Asst. Surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: The American Association of Orthopaedic Surgeons Position Statement

Reimbursement of the First Assistant at Surgery in Orthopaedics; CPT Codes in Shoulder and Elbow Procedures, University of Washington; CPT Codes and Fees, Assistant Surgery Guide

**Decision rationale:** CA MTUS/ACOEM/ODG does not address assistant surgeon. The American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics indicates on the role of the First Assistant: 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 functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The CPT code for right shoulder arthroscopic subacromial decompression, arthroscopic rotator cuff repair is 29826. The CPT Codes and Fees published an Assistant Surgery Guide recommending assistant surgeon for CPT code 29826. In this case, patient is to undergo right shoulder arthroscopic subacromial decompression, arthroscopic rotator cuff repair, and arthroscopic labral repair (Bankart). The surgery is authorized by utilization review from 8/27/2014. The guideline recommends an assistant surgeon for the contemplated procedure as stated above. Therefore, the request for assistant surgeon is medically necessary.