

Case Number:	CM14-0164964		
Date Assigned:	10/17/2014	Date of Injury:	02/20/1998
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas. 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 injured worker is a 75 year old female with a date of injury on 2/20/1998. She was employed as a teacher assistant at the time of injury. The mechanism of injury was not documented. The 4/15/14 right shoulder magnetic resonance imaging scan impression documented complete full thickness tear involving the supraspinatus tendon with no significant tendon retraction. Findings documented moderate arthritic changes in the acromioclavicular and glenohumeral joints. Lateral down sloping of the acromion caused narrowing of the subacromial space. There was moderate joint effusion and fluid in the subacromial/subdeltoid bursa. The 8/28/14 treating physician report cited persistent right shoulder pain that failed to improve with a corticosteroid injection. Pain was aggravated with arm use and prevented her from doing activities of daily living. She was taking anti-inflammatory medications which had not been helpful. Physical exam documented anterior shoulder tenderness, active elevation to 120 degrees, external rotation 60 degrees, and internal rotation to L5 with pain. Impingement signs were positive. There was pain with resisted abduction and weakness. The treating physician indicated the injured worker had not responded to time, corticosteroid injection, medications, and activity modifications. Authorization for surgery was requested. The 9/23/14 utilization review approved requests for right shoulder arthroscopy, subacromial decompression, and rotator cuff repair with associated medical clearance, pre-operative lab tests, electrocardiogram, chest x-ray, and post-op physical therapy. The request for a medical assistant was denied as there was little for an assistant to do with regard to retraction, positioning, or instrument handing to support an assistant at surgery or surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Medical Assistant: 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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT codes 29827 and 29826, there is a "2" in the assistant surgeon column for each code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary. An assistant at surgery is supported by clinical practice guidelines for the requested procedures.