

<b>Case Number:</b>	CM14-0035989		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopaedic 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 40-year-old female sustained an industrial injury on 7/3/11. Injury occurred when she fell between a truck ramp and the entryway/stairs of a jetliner, hitting her right knee on the floor and twisting her back. The patient underwent right shoulder decompression, distal clavicle resection, and labral debridement on 6/30/13. Past medical history is positive for high cholesterol, blood pressure medications, and morbid obesity. The 1/28/14 treating physician report documented left shoulder MRI findings of impingement, superior labral tear, and acromioclavicular joint degenerative joint disease. Left shoulder exam findings documented positive impingement testing, restricted range of motion from 0-135 degrees. Left shoulder arthroscopic decompression and distal clavicle resection was recommended. Pre-operative medical clearance and an assistant surgeon were requested. The 2/26/14 utilization review certified the request for left shoulder surgery. The requests for pre-op medical clearance was denied. A surgical assistant was partially certified relative to the request for an assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Assistant Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule.

**Decision rationale:** Under consideration is a request for an assistant surgeon. California MTUS guidelines do not address the appropriateness of surgical assistants. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) 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, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request for one assistant surgeon is medically necessary.

**Pre-op Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.quideline.gov>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

**Decision rationale:** Under consideration is a request for pre-operative medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. The patient is morbidly obese and is being treated for hypertension. Middle-aged females have known occult increased cardiovascular risk factors. Therefore, this request for pre-operative medical clearance is medically necessary.