

Case Number:	CM14-0037403		
Date Assigned:	06/25/2014	Date of Injury:	01/13/2011
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 male with reported industrial injury 1/13/11. MRI right shoulder 10/25/13 demonstrates partial intrasubstance tear of the supraspinatus tendon with mild fluid in the glenohumeral joint. Exam note from 1/7/14 demonstrates complaints of continued complaints of bilateral shoulder pain. Pain in right shoulder is reported to be greater than the left. Examination demonstrates 100 degrees of flexion and 90 degrees of abduction. Request made for right shoulder arthroscopic evaluation and possible rotator cuff repair.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of orthopedic surgeons, College of surgeons.

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: American Association of Orthopedic Surgeons, Position Statement First Assistant at Surgery.

Decision rationale: With regards to assistant surgeon California MTUS/ACOEM/ODG are silent on the issue. 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 role will vary considerably with the surgical operation, specialty area, and type of hospital. In this case, the need for an assistant surgeon does not meet medical necessity. The request does not demonstrate any need for an assistant surgeon for a routine arthroscopy as there is no complex large rotator cuff repair or intra-articular pathology. Therefore the request is not medically necessary.