

Case Number:	CM14-0039262		
Date Assigned:	06/27/2014	Date of Injury:	01/19/2013
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 45-year-old female sustained an industrial injury on 1/19/13. The mechanism of injury is not documented. The 1/10/14 left upper extremity MRI documented findings consistent with adhesive capsulitis, partial thickness supraspinatus tear, posterior labral tear, increased fluid within the subacromial subdeltoid bursa, and mild infraspinatus bursal surface fraying and tendinopathy. The 1/27/14 treating physician report indicated the patient had a left frozen shoulder that was quite significant. Abduction was limited to 90 degrees. Surgery was recommended to include release of the frozen shoulder, decompression, and possible biceps release. The 3/18/14 utilization review certified the request for shoulder surgery. The request for an assistant surgeon was denied. Peer review discussion documented with the treating physician indicated agreement that a surgical assistant would be sufficient for this procedure.

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 Orthopedics Surgeons Position Statement reimbursement of the First Assistant at Surgery in Orthopedics-Role of the First Assistant.

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: The 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, CPT Codes 23700, 29826, 29828, there is a "1" or "2" in the assistant surgeon column for each individual code. Therefore, based on the stated guideline and the complexity of the procedure, this request one assistant surgeon is medically necessary.