

<b>Case Number:</b>	CM14-0078238		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Pennsylvania. 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 is a 64-year-old gentleman with a documented date of injury on 5/14/12. The medical records provided for review note clinical complaints involve the left shoulder. The medical records also document that the claimant has had two surgeries to the left shoulder; a November 2010 left shoulder subacromial decompression and distal clavicle excision and a March 2002 arthroscopy and decompression. The Utilization Review process has certified left shoulder arthroscopy with subacromial decompression. There is a current request for an assistant surgeon and the post-operative use of a cold therapy unit for an unspecified period of time. The remaining medical records do not pertain to the focus of this review.

### 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 Orthopaedic Surgeons, Role of the First Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 29355 to 29901) CPT® Y/N Description 29827 N Arthroscopy, shoulder, surgical; with rotator cuff repair.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the use of an assistant surgeon. Based on the Milliman Care Guidelines, the request for an assistant surgeon for left shoulder arthroscopy and subacromial decompression would not be indicated. The Milliman Care Guidelines do not recommend the use of an assistant surgeon for an arthroscopic procedure involving the shoulder. The use of an Assistant Surgeon for a subacromial decompression performed arthroscopically is not medically necessary.

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbaehr, 2002) (Singh, 2001) See the Knee Chapter for more information and references.

**Decision rationale:** California ACOEM Guidelines and supported by Official Disability Guidelines do not recommend the use of a cryotherapy unit for an undetermined length of time. The ACOEM Guidelines support the use of cold applications in the home setting to treat discomfort. The Official Disability Guidelines recommend the use of a cryotherapy unit for only up to seven days including home use after surgery. There is no documentation to determine the length of time for use of the cryotherapy unit for this claimant after his shoulder surgery. Therefore, the request for Cryotherapy is not medically necessary.