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| <b>Case Number:</b>   | CM14-0041052 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 09/26/2013 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: California  
Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old male who sustained an industrial injury on 09/26/2013. Diagnoses include adhesive capsulitis of the right shoulder, unspecified disorders of bursa and tendons in the shoulder region, right shoulder adhesive capsulitis, and right shoulder impingement syndrome. Treatment to date has included medications, physical therapy, and cortisone injections. A physician progress note dated 03/11/2014 documents the injured worker has had 6 months of right shoulder pain and has been treated with medications, physical therapy and 2 cortisone injections. Right shoulder forward flexion, resisted abduction and adduction/internal rotation are positive for impingement. Magnetic Resonance Imaging of the right shoulder done in December of 2013 showed moderate tendinosis of the supraspinatus and infraspinatus tendon as well as adhesive capsulitis. On 04/29/2014 the request for arthroscopic surgery of right shoulder: capsular release and lysis of adhesions with acromioplasty and associated surgical service: 12 postoperative physical therapy sessions was certified. Treatment requested is for assistant surgeon, associated surgical service: postoperative abduction sling, associated surgical service: postoperative cold therapy unit - rental for 7 days, associated surgical service: preoperative clearance (in-house). On 03/21/2014 Utilization Review non-certified the request for an assistant surgeon and cited was American Association of Orthopedic surgeons. The CAMTUS/ACOEM and Official Disability Guidelines do not address this. The request for preoperative clearance (in house) was not certified and CAMTUS/ACOEM and Official Disability Guidelines does not address this treatment. Cited were the ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation. The request for postoperative abduction sling, associated surgical service, and postoperative cold therapy unit - rental for 7 day was non-certified and Official Disability Guidelines was cited.

## 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. 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 1. <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. 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 function 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." There is no indication for an assistant surgeon for a routine shoulder arthroscopy. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is not medically necessary and is therefore non-certified.

**Associated surgical service: preoperative clearance (in-house):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines, Perioperative Cardiovascular Evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 58 years old and does not have any evidence in the cited records from 03/11/14 of significant medical comorbidities to support a need for preoperative clearance. Therefore, determination is for non-certification. The request is not medically necessary.

**Associated surgical service: postoperative abduction sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Shoulder Immobilizer.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**Decision rationale:** According to the California MTUS guidelines, Shoulder complaints Chapter 9 pages 212-214, it is recommended to use a brief use of the sling for severe shoulder pain (1-2 days) with pendulum exercises to prevent stiffness and cases of rotator cuff conditions, and prolonged use of the sling only for symptom control is not supported. In this case, the use of a shoulder sling would be contraindicated following right shoulder arthroscopy to prevent adhesive capsulitis. The request for a sling is therefore not medically necessary and appropriate.

**Associated surgical service: postoperative cold therapy unit - rental for 7 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cold Therapy Unit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Section, continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case, the request equals the guidelines recommendation of 7 days. Therefore, the determination is that the request is medically necessary.