

<b>Case Number:</b>	CM14-0065240		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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: Illinois, California, Texas  
 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 59-year-old male who sustained an industrial injury on 7/29/11. The mechanism of injury was not documented. He underwent left shoulder arthroscopy with rotator cuff repair, decompression and distal clavicle resection on 11/13/13. The 3/24/14 treating physician report indicated the injured worker had developed stiffness, weakness and pain post-operatively. He had 8 visits of post-op physical therapy which did not include stretching, strengthening, or endurance exercise. Physical exam documented forward flexion, elevation and abduction 0-125 degrees, and 55 degrees of external rotation with the shoulder abducted 90 degrees. There was 0 degrees of internal rotation. The diagnosis was adhesive capsulitis. The treatment plan recommended 6 weeks of physical therapy, and left shoulder arthroscopy with possible capsular release and manipulation under anesthesia. The 4/18/14 utilization review certified a request for left shoulder arthroscopy with possible arthroscopic capsular release and manipulation under anesthesia. The request for an assistant surgeon was non-certified.

### 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 Official Disability Guidelines (ODG) Low Back chapter, Surgical 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 Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. 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 and 23020, there is a "1" or a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.