

Case Number:	CM15-0000315		
Date Assigned:	01/09/2015	Date of Injury:	08/13/2013
Decision Date:	03/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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: Minnesota, Florida
 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 50 year old male who sustained an industrial related injury on 8/13/13. A physician's report dated 11/11/14 noted the injured worker had complaints of shoulder pain. The injured worker received an AC joint injection which was noted to have provided relief for approximately 1 week. The physician noted the injured worker had extensive conservative treatment including physical therapy. The diagnosis was right shoulder acromioclavicular joint degenerative arthritis refractory to conservative treatment to date. The physician recommended surgical treatment to include arthroscopic Mumford procedure which was indicated secondary to failure of conservative treatment. The injured worker was recommended to return to work with restrictions. Anti-inflammatory medication and Tramadol was refilled. On 11/23/14 the treating physician noted diagnoses of right shoulder impingement syndrome and requested authorization for an assistant surgeon. On 12/3/14 the request for an assistant surgeon was non-certified. The utilization review (UR) physician noted an American College of Surgeons citation. The UR physician noted there would be a nurse assistant present for the surgery assigned by the hospital and there was no indication in this case for another physician for the outpatient procedure.

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 AAOS regarding assistants

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Surgical Assistant American Academy of Orthopedic Surgeons, American College of Surgeons

Decision rationale: ODG guidelines recommend surgical assistants for more complex surgeries. The American Academy of Orthopedic Surgeons and the American College of Surgeons guidelines indicate that the first assistant 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 depends upon the type of procedure and the complexity of the procedure. The Mumford procedure is a relatively simple procedure that does not require two surgeons to be present. The first assistant can be the Operating Room Technician routinely provided by the hospital. Centers for Medicare and Medicaid Services do not list this procedure as requiring an Assistant Surgeon. As such, the request as stated for an Assistant Surgeon is not supported by guidelines and the medical necessity is not established.