

<b>Case Number:</b>	CM15-0134933		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California, Oregon, Washington  
 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 54-year-old female who sustained an industrial injury on 1-2-14. Diagnoses are pain in joint involving shoulder region and impingement syndrome of shoulder region. In a visit note dated 5-7-15, the physician reports the injured worker was moving a patient and felt a sudden pull. She states she has not improved since and it has been over a year. Pain is primarily on the anterior aspect of the shoulder. Prior treatment includes cortisone injections. Medications noted are Tylenol Caplet Extra Strength 500mg and Celebrex 200 mg. The shoulder has full range of motion. The impingement, relocation and apprehension signs are positive. Tenderness is noted over the anterior aspect of the shoulder. The MRI Arthrogram reveals degenerative changes in the glenohumeral joint and inflammatory changes in the rotator cuff and subacromial space compatible with impingement. The plan is a left shoulder arthroscopy with likely subacromial decompression. The requested treatment is for an assistant surgeon.

### 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 American College of Surgeons.

**Decision rationale:** CA MTUS/ACOEM/ODG is 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 and subacromial decompression. 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. Bibliography Assistant Surgeon <http://www.aaos.org/about/papers/position/1120.asp>