MAXIMUS Federal Services

Case Number:	CM15-0139828		
Date Assigned:	07/29/2015	Date of Injury:	06/29/2010
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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:

This injured worker is a 60-year-old male who sustained an industrial injury on 6/29/10. Injury occurred when he was pulling a loaded pallet and one of the wheels got stuck. The pallet stopped and jerked both arms, with immediate onset of bilateral shoulder pain. Conservative treatment included activity modification, medications, physical therapy, corticosteroid injection, and acupuncture. The 1/7/14 left shoulder MRI documented moderate supraspinatus tendinosis with no definite rotator cuff tear identified. There was mild glenohumeral osteoarthritis, mild acromioclavicular (AC) arthrosis, and findings consistent with subacromial bursitis. The 4/29/15 orthopedic report cited on-going left shoulder pain, weakness and limited range of motion. Difficulty was noted with sleeping, dressing and combing his hair. He had about 1½ months of relief with a prior corticosteroid injection but symptoms had returned. Physical exam documented tenderness over the lateral deltoid, AC joint, and anterior and lateral acromion. Impingement, Neer's, Hawking, empty can, and drop arm tests were positive. Left shoulder range of motion was documented as flexion 80, abduction 80, extension 40, adduction 40, internal rotation 70, and external rotation 85 degrees. The diagnosis was bilateral shoulder impingement syndrome with tendinitis and bursitis. Authorization was requested for left shoulder arthroscopy and subacromial decompression, an assistant surgeon, medical clearance, postoperative physical therapy (3x4), and an ice machine and sling for post-op use. The 7/8/15 utilization review certified the left shoulder arthroscopy and subacromial decompression with medical clearance, 12 sessions of post-op physical therapy, and a sling. The request for an assistant surgeon was non-certified as there was no rationale why a board certified orthopedic surgeon would be needed as an assistant surgeon. The request for an ice machine was modified to a 7-day rental of a cryotherapy unit consistent with guidelines.

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).

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 code 29286, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

DME-ice machine: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. In the post-operative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The 7/8/15 utilization review decision recommended partial certification of a cryotherapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of an ice machine beyond the 7-day rental already certified. Therefore, this request is not medically necessary.