

Case Number:	CM15-0142429		
Date Assigned:	08/03/2015	Date of Injury:	01/22/2013
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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 56-year-old male, who sustained an industrial injury on January 22, 2013. He reported cumulative trauma injuries to his bilateral shoulders. He was diagnosed with bilateral shoulder strain and bilateral hand-forearm strain. Treatment to date has included splinting, modified work duties, diagnostic imaging, left shoulder bicep tenotomy and tenodesis with acromioclavicular joint revision, Kenalog injection to the left shoulder, and physical therapy. Currently, the injured worker complains of chronic pain in the right shoulder and acromioclavicular joint pain on palpation in the right shoulder. An MRI of the right shoulder reveals acromioclavicular joint hypertrophy and degenerative SLAP tear with cysts. The diagnoses associated with the request include left shoulder osteoarthritis and right shoulder osteoarthritis. The treatment plan includes right shoulder arthroscopic SLAP debridement, subacromial compression, bicep tenotomy and tenodesis, assistant surgeon, and with post-operative physical therapy, and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Surgical assistant: 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 American College of Surgeons.

Decision rationale: The American College of Surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. The qualifications of the person in this role may vary with the nature of the operation, the surgical specialty, and the type of hospital or ambulatory surgical facility. In this case the procedure being performed is arthroscopic surgery. The assistant is needed to hold the arm and hold the camera at times, permitting the surgeon to use both hands for the arthroscopic procedure. A qualified operating room technician provided by the hospital is adequate for this purpose. As such, the request for a surgical assistant is not supported and the medical necessity of the request has not been substantiated.