

Case Number:	CM15-0145404		
Date Assigned:	08/06/2015	Date of Injury:	03/30/2011
Decision Date:	09/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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 60 year old male, who sustained an industrial injury on 03-30-2011. He has reported injury to the bilateral shoulders. The diagnoses have included left shoulder labral injury, status post surgical reconstruction; right shoulder compensatory injury with impingement syndrome, acromial clavicular joint arthrosis; osteoarthritis, localized, primary, involving shoulder region; medial epicondylitis; rotator cuff syndrome of shoulder and allied disorders; lateral epicondylitis; left ring trigger finger; and status post left ring finger release, on 12-30-2014. Treatment to date has included medications, diagnostics, injection, physical therapy, and surgical intervention. Medications have included Bupropion HCl ER and Abilify. A progress note from the treating physician, dated 07-01-2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral shoulder pain; the cortisone injection given into the right acromioclavicular joint did give him near complete relief of the symptoms for a few weeks, but the pain has returned the same as it was previously; he has been using the right shoulder more in a compensatory fashion; he is working modified duty; and he is able to continue working with restrictions. Objective findings included the examination of the bilateral shoulders revealing elevations about 170 degrees, abduction 170 degrees, external rotation about 75 degrees bilaterally; there is 5 out of 5 strength bilaterally in supraspinatus, infraspinatus, and subscapularis; there is pain to palpation of the acromioclavicular joint of the right shoulder and mild pain to palpation in the bicipital groove; there is mild to moderate pain with Hawkins maneuver on the right side; and the MRI of the right shoulder suggest impingement syndrome and possible small rotator cuff tear. The provider recommends arthroscopic surgery to include

right shoulder subacromial decompression, distal clavicle excision, and possible rotator cuff repair. The treatment plan has included the request for surgical assistant.

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 American Association of Orthopaedic surgeons position statement reimbursement of the first Assistant surgery in Orthopaedics.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is right shoulder subacromial decompression, distal clavicle excision, and possible rotator cuff repair. Given the level of complexity of the surgery it is not felt to be medically necessary to have an assistant. 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 right shoulder subacromial decompression, distal clavicle excision, and possible rotator cuff repair. 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>.