

Case Number:	CM15-0189155		
Date Assigned:	10/02/2015	Date of Injury:	09/06/2013
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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 51-year-old female, who sustained an industrial injury on 9-6-13. Medical records indicate that the injured worker is undergoing treatment for right carpal tunnel syndrome, right shoulder pain, rotator cuff sprain-strain and right shoulder impingement and biceps tendonitis. The injured worker is currently working full duty. On (8-17-15) the injured worker complained of worsening right shoulder pain with radiation to the right upper arm and neck. The pain was aggravated by carrying, grasping, lifting, pulling, pushing and reaching. Examination of the right shoulder revealed subacromial tenderness. Range of motion revealed active forward flexion 0-150 degrees, extension 0-50 degrees, abduction 0-150 degrees and internal and external rotation 0-75 degrees. A crossover sign, impingement sign, Hawkin's test and O'Brien's test were positive. The treating physician recommended a right shoulder arthroscopy. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI of the right shoulder, Arthrogram of the right shoulder, physical therapy and acupuncture treatments. The MRI of the right shoulder (2-17-14) revealed impingement syndrome with tendonitis. MR Arthrogram (2-28-14) revealed mild tendinopathy of the supraspinatus tendon. No discrete rotator cuff tear was noted. The injured worker is not currently taking medications. The request for authorization dated 8-24-15 included requests for a Polar Care purchase-deep vein thrombosis compression and an assistant PA. The Utilization Review documentation dated 8-31-15 non-certified the requests for a Polar Care purchase-deep vein thrombosis compression and an assistant PA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (Online Version) - Surgical Assistant; Blue Cross/Blue Shield North Carolina, Corporate Medical Policy - Co-Surgeon, Assistant Surgeon, and Assistant-at-Surgery Guidelines' Millman Care Guidelines, 12th Edition; American College of Surgeons et al. Physicians as Assistants at Surgery 2002 study; American Academy of Orthopedic Surgeons, Surgical Assistant Procedure Coverage.

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 Chapter, Assistant Surgeon and Other Medical Treatment Guidelines Assistant Surgeon; American College of Surgeons, Bibliography Assistant Surgeon (<http://www.aaos.org/about/papers/position/1120.asp>).

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of a surgical assistant. The Official Disability Guidelines, Low Back Chapter is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is shoulder arthroscopy. 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 shoulder arthroscopy. 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.

Associated surgical service: Polar Care for purchase/DVT compression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Online Version) - Compression Garments - Cold Compression Therapy - Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold compression therapy.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of cold compression therapy. According to the Official Disability Guidelines, Cold compression therapy,

it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.