

Case Number:	CM15-0201928		
Date Assigned:	10/19/2015	Date of Injury:	03/17/2014
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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 49 year old female, who sustained an industrial injury on 3-17-2014. The injured worker was being treated for polyneuropathy of the left upper extremity, left shoulder impingement and rotator cuff tear, and cervical spine degenerative disc disease. Medical records (6-18-2015) indicate ongoing left shoulder and neck pain, and paresthesias down the left arm. The physical exam (6-18-2015) reveals spasms of the left greater than right trapezius, limited neck range of motion, and diffusely decreased sensation of the left upper extremity. There is a tender rotator cuff footprint, forward flexion of 150, extension of 30, abduction of 140, external rotation of 70, and internal rotation of 60. The rotator cuff strength is 4+ and the empty can is unequivocal. Medical records (9-4-2015) indicate ongoing left shoulder pain with limited range of motion and ongoing neck pain with left hand paresthesias. The treating physician noted that therapy had aggravated the neck and left shoulder. The physical exam (8-25-2015, 9-4-2015) reveals a tender rotator cuff footprint, positive Hawkins and empty can, decreasing external rotation, internal rotation, and active elevation with painful arc and weak rotator cuff. The physical exam (9-4-2015) also reveals tenderness and spasm of the neck with limited range of motion. On 5-12-2015, an MRI of the left shoulder revealed a complete tear of the supraspinatus tendon with 2 cm of medial retraction of the torn fibers and a 2 cm gap in the anteroposterior dimension. There was a low grade tear of the infraspinatus tendon with a small cyst at the myotendinous junction. There was degeneration of the superior labrum and a large subacromial enthesophyte. On 6-1-2015, an MRI of the cervical spine revealed mild multilevel degenerative changes with disc desiccation and small disc osteophyte complexes. Treatment has included chiropractic therapy, work restrictions, and medications including pain, antidepressant,

antiepilepsy, and muscle relaxant. Per the treating physician (8-25-2015 report), the injured worker continues to work. On 9-16-2015, the requested treatments included a left shoulder arthroscopy, subacromial decompression, Mumford repair of supraspinatus tendon with suture anchors or biodiscs with a surgical assistant and a cervical collar. On 9-9-2015, the original utilization review modified a request for a surgical assistant (original request for a left shoulder arthroscopy, subacromial decompression, Mumford repair of supraspinatus tendon with suture anchors or biodiscs with a surgical assistant) and non-certified a request for a cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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), Shoulder chapter: Surgery for rotator cuff repair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>, Bibliography Assistant Surgeon.

Decision rationale: CA MTUS/ACOEM/ODG are 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. 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 not medically necessary.

Associated surgical service: cervical collar: 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), Neck and Upper back: Collars, cervical.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. In this case the exam notes from 9/4/15 do not demonstrate an acute neck sprain or strain. There is no indication per guidelines for cervical immobilization after shoulder arthroscopy. Therefore, the request is not medically necessary.