

<b>Case Number:</b>	CM15-0022017		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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  
 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 43 year old male who sustained an industrial injury on 8/12/2013. He has reported right shoulder pain. The diagnoses have included status post right arthroscopic rotator cuff repair, biceps tenodesis, posterior capsular release, labral debridement, subacromial decompression and distal clavicle resection arthroplasty on 11/19/2013. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of right shoulder pain. Treatment plan included right shoulder revision of rotator cuff tear, labral debridement and possible bicep tenodesis, surgical assistant, pre-operative clearance, post-operative physical therapy x 12 and cold unit purchase or 7 day rental. On 1/13/2015, Utilization Review certified right shoulder revision of rotator cuff tear, labral debridement and possible bicep surgery, pre-operative clearance and post-operative physical therapy x 12 and modified the cold unit purchase to a 7 day rental and non-certified surgical assistant, noting lack of medical necessity. The ACOEM and Official Disability Guidelines were cited. On 1/27/2014, the injured worker submitted an application for IMR for right shoulder revision of rotator cuff tear, labral debridement and possible bicep tenodesis, surgical assistant, pre-operative clearance, post-operative physical therapy x 12 and cold unit purchase or 7 day rental.

### 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, Low Back Chapter, Surgical Assistant

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.  
<http://www.aaos.org/about/papers/position/1120.asp>

**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 an no indication for an assistant surgeon for a revision rotator cuff reapiir, labral debridement and possible bicep surgery. 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.

**Cold unit: purchase or seven day rental:** Overturned

**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, Continuous Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guideline, Shoulder, Continuous flow cryotherapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request equals the maximal length of time requested postoperatively for the cryotherapy unit. Therefore the determination is for certification.