

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0213440 | | |
| Date Assigned: | 11/03/2015 | Date of Injury: | 11/28/2014 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 10/21/2015 |
| Priority: | Standard | Application Received: | 10/29/2015 |

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 39 year old male, who sustained an industrial injury on 11-28-14. The injured worker was diagnosed as having left shoulder sprain-strain; cervical spine sprain-strain with radiculitis; left knee sprain-strain; right ankle sprain-strain; right foot sprain-strain with plantar fasciitis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left shoulder (8-10-15). Currently, the PR-2 notes dated 9-28-15 indicated the injured worker complains of left shoulder pain and has been authorized through Utilization Review on 10-20-15 for a left shoulder arthroscopic subacromial decompression-partial acromioplasty, distal clavicle excision, and SLAP repair. He has had conservative treatment which includes activity modification, physical therapy, anti-inflammatory medications, and left shoulder steroid injection and has continued with nocturnal symptoms and discomfort limiting his activities of daily living including not being able to lift arm up. He no longer wants to live with his condition and further non-operative treatment and wishes to proceed with surgical intervention. He has been diagnosed with left shoulder impingement syndrome-subacromial bursitis with rotator cuff tendinosis, acromioclavicular joint derangement with proximal biceps tendinitis-tendinosis. A MRI of the left shoulder on 8-10-15 confirms his diagnosis. The injured worker is a non-insulin dependent diabetic and no other degree of complexity for this surgery is noted. A Request for Authorization is dated 10-28-15. A Utilization Review letter is dated 10-20-15 and non-certification for an Assistant Surgeon for the left shoulder arthroscopy surgery. A request for authorization has been received for an Assistant Surgeon for the left shoulder arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Assistant Surgeon: 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), Low Back, Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Surgical Assistant.

Decision rationale: ODG guidelines recommend a surgical assistant as an option in more complex surgeries. The assistant surgeon actively assist the physician performing a surgical procedure. A shoulder arthroscopy is not regarded as a complex surgical procedure and a trained surgical technician may assist the surgeon by holding the camera, positioning the patient, and assisting the surgeon with the procedure. As such, the assistant surgeon does not need to be a physician. In light of the foregoing, the request for an assistant surgeon is not supported and the medical necessity is not established.