

Case Number:	CM15-0213738		
Date Assigned:	11/03/2015	Date of Injury:	08/07/2012
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/30/2015

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: Illinois, California, Texas
 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:

This injured worker is a 54-year-old female who sustained an industrial injury on 8/7/12. Injury occurred when she tripped and fell, landing on her right knee and hands. She underwent right shoulder subacromial decompression, coracoacromial ligament release, extensive debridement, and Mumford procedure on 6/4/14. The 3/16/15 right shoulder MR arthrogram impression documented a full thickness tear of the leading anterosuperior aspect of the supraspinatus tendon, with marked underlying tendinopathy. There was marked AC arthropathy with degenerative changes and mild subacromial bursitis. The 4/2/15 bilateral upper extremity electrodiagnostic study impression documented mild to moderate bilateral carpal tunnel syndrome. The 4/16/15 treating physician report cited constant moderate right shoulder pain. Physical exam documented loss of right shoulder motion with flexion 90 degrees. There was a positive supraspinatus sign. Right shoulder MRI and EMGs were pending. The 5/28/15 to 8/20/15 treating physician handwritten progress reports did not evidence a right shoulder physical exam. The 10/08/15 treating physician report cited right shoulder and forearm/hand pain, and back pain radiating into the right lower extremity. Associated symptoms included numbness, tingling, burning and weakness. Pain was reported constant and moderate, worsened with all activity. Functional ability was decreased, including in overhead activities. Symptoms improved with rest and medication. Current medication included Motrin. The physical exam documented a positive MR arthrogram for a full thickness rotator cuff tear right shoulder. The injured worker was noted to be unchanged in subjective complaints. The injured worker was off work. Authorization was requested for right shoulder arthroscopy, subacromial decompression,

extensive debridement, mini open rotator cuff repair and injection Marcaine 0.25%, and an assistant surgeon. The 10/19/15 utilization review non-certified the request for right shoulder surgery and an assistant surgeon as There was no physical exam documented evidencing impingement signs, or detailed evidence of conservative treatment exhaustion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, SAD, extensive debridement, mini open RCR and injection Marcaine 0.25%: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for rotator cuff repair.

Decision rationale: The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines for rotator cuff repair with a diagnosis of full thickness tear typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria have been essentially met. This injured worker presents with persistent right shoulder pain and functional limitations in all activities. She has not returned to work. Clinical exam findings have been consistent with imaging evidence of a full thickness supraspinatus tear and plausible impingement. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare &

Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT codes 29826 and 29287, there is a '2' in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.