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| Case Number: | CM15-0221301 | | |
| Date Assigned: | 11/16/2015 | Date of Injury: | 09/05/2014 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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 59-year-old male who sustained an industrial injury on 9/5/14. Injury occurred when he was walking down an incline and slipped and fell, landing backwards. Past medical history was positive for hypertension, elevated cholesterol, and diabetes. The 2/19/15 right shoulder MRI impression documented tendinosis and possible low-grade intrasubstance and bursal-sided partial thickness tearing of the supraspinatus tendon, and tendinosis and possible low grade intrasubstance tearing of the superior fibers of the subscapularis tendon. There was mild infraspinatus tendinosis, probable tendinosis of the intra-articular segments of the long head of the biceps tendon, tearing of the superior labrum, and early glenohumeral osteoarthritis. The 10/5/15 treating physician report cited constant right shoulder pain extending into the neck, upper back, and down into the right forearm. X-rays of the right shoulder showed an anterior hook to the acromion, consistent with a type II acromion and impingement syndrome. Physical exam documented marked pain with range of motion, AC joint crepitus bilaterally, and tenderness over the right subacromial bursa, rotator cuff, and biceps tendon. Conservative treatment had included medications, physical therapy, and corticosteroid injections. Authorization was requested for right shoulder arthroscopy with subacromial decompression, debridement, possible rotator cuff repair, and possible labral repair, and an assistant surgeon. The 10/16/15 utilization review certified the requested right shoulder arthroscopic surgery. The request for an assistant surgeon was non-certified based on the complexity of the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines.

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 29827, 29822 and 29826, there is a "2" in the assistant surgeon column for each code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.