

Case Number:	CM15-0054125		
Date Assigned:	03/27/2015	Date of Injury:	08/08/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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:

This 49 year old male sustained an industrial injury on 8/8/12. He subsequently reported right shoulder and neck pain. Diagnoses include cervical disc herniation, right upper extremity radicular pain and right shoulder labrum tear and adhesive capsulitis, status prior to surgery x2. Diagnostic testing has included x-rays and MRIs. Treatments to date have included shoulder surgery, chiropractic care, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and right shoulder pain. Exam note from 2/27/15 demonstrates report of constant right shoulder pain, worse with activity and movement. Exam demonstrates range of motion with flexion of 60 degrees, abduction of 60 degrees, external rotation of 30 degrees and internal rotation to L4. A request for Right shoulder arthroscopy; decompression; mumford procedure; possible rotator cuff repair; possible labral repair with assistant surgeon was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy; decompression; mumford procedure; possible rotator cuff repair; possible labral repair with 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, Shoulder.

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 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 non-certified. Therefore, the entire request is not medically necessary.