

Case Number:	CM14-0099041		
Date Assigned:	09/15/2014	Date of Injury:	07/24/2009
Decision Date:	10/16/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female special education assistant sustained an industrial injury on 7/24/09. Injury occurred when she attempted to intercept a ball and it struck her left upper extremity. Past medical history was positive for elevated cholesterol. The 2/14/14 left shoulder MRI impression documented an osteophyte on the lateral undersurface of the type 1 acromion, mild synovitis of the acromioclavicular joint, and trace subacromial bursitis. There was distal supraspinatus and infraspinatus tendinosis with microtear of the supraspinatus and underlying cyst formation. Findings were consistent with impingement. There was intrasubstance degeneration of the superior labrum. The 5/8/14 physical exam documented subacromial and shoulder girdle tenderness with positive improvement testing, range of motion 0-100 degrees, and strength 3/5 in all planes. The patient had failed guideline-recommended conservative treatment. Surgery was requested. The 5/27/14 utilization review approved the request for left shoulder diagnostic/operative arthroscopic debridement with acromioplasty, resection of the coracoacromial ligament and bursa, and possible distal clavicle resection. The request for an assistant surgeon was denied as this was a fairly uncomplicated surgery and not supported by [REDACTED] recommendations. The request for deep vein thrombosis prophylaxis was denied as there was no evidence that the patient was at high risk for DVT and could not use lower extremity compression stockings or anti-coagulants.

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: 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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

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 Code 29826, 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.

DVT Prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,DVT (Deep Vein Thrombosis)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Venous Thrombosis

Decision rationale: The California MTUS guidelines are silent with regard to DVT prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopic procedures. Guideline criteria have not been met. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.