

<b>Case Number:</b>	CM14-0212341		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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, Sports Medicine

### 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 69-year-old female who reported an injury on 06/01/2011. The mechanism of injury was not provided. She was diagnosed with severe degenerative arthritis, right AC joint. Past treatments were noted to include medications and physical therapy. On 11/24/2014, the injured worker reported pain to the right shoulder with motion and limited range of motion. It was noted that surgery had been approved and will be scheduled. Her current medications were not provided. The treatment plan was noted to include surgery and appeal letter for assistant surgeon and home health and transportation. A request was submitted for associated surgical service: assistant surgeon for pending shoulder surgery and the treating physician's rationale is that surgery on the shoulders are routinely done with a surgeon and assistant surgery, the length of time of surgery is significantly increased when there is no assistant and complication rate increases as well. A Request for Authorization was not submitted.

### 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 For Pending Shoulder Surgery: 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) Shoulder, Low back, Surgical assistant.

**Decision rationale:** The request for associated surgical service: assistant surgeon for pending shoulder surgery is not medically necessary. The Official Disability Guidelines recommend a surgical assistant as an option in more complex surgeries. The clinical documentation indicates that the patient was approved for shoulder surgery. In this clinical situation, a physician assistant, nurse practitioner or operating room technician would be appropriate for the procedure. Therefore, the request is not supported by the guidelines. As such, the request for Associated Surgical Service: Assistant Surgeon For Pending Shoulder Surgery is not medically necessary.