

<b>Case Number:</b>	CM15-0011909		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

The injured worker is a 35 year old who sustained an industrial injury on 03/07/14. Diagnoses include enthesopathy of the elbow, carpal tunnel syndrome, lesion of ulnar nerve, right shoulder impingement syndrome/acromioclavicular joint degenerative disease, and medial epicondylitis of the elbow. Treatment to date has included medications, physical therapy, and steroid injections. A physician progress note dated 12/15/2014 documents the injured worker has aching pain in the right shoulder radiating into the upper arm and is rated 6-7 out of 10 on a Visual Analogue Scale (VAS) with medications, and 8-9 out of 10 without medications. There is palpable tenderness of the right acromioclavicular joint, right anterior shoulder, and right trapezius. She has impingement sign on the right. Right shoulder arthroscopy with acromioplasty and distal clavicle resection was approved. Treatment requested is for Associates Surgical Services: Assistant Surgeon. On 12/22/2014 Utilization Review non-certified the request for Associates Surgical Services: Assistant Surgeon, and cited was MTUS/ACOEM. On 12/22/2014 Utilization Review non-certified the request for Associates Surgical Services: Assistant Surgeon, and cited was MTUS/ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associates Surgical Services: 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 23120, 29826, and 29824, 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.