

Case Number:	CM15-0014592		
Date Assigned:	02/02/2015	Date of Injury:	09/22/2012
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 09/22/2012 due to an unspecified mechanism of injury. On 12/11/2014, she presented for a followup evaluation regarding her work related injury. She reported pain in the right shoulder that had been unchanged since the prior visit. A physical examination showed forward flexion of 100, abduction at 80, external rotation at 45, extension at 10, and internal rotation at the L/S. Neer's impingement sign was negative, Hawkins impingement sign was positive, and labral tests were negative. Yergason's test was negative, cross arm test was negative, relocation test was negative, and apprehension test and Jobe's test were both negative as well. Strength was 4/5 in the supraspinatus and the rest was 5/5. An unofficial MRI performed on 12/08/2014 reportedly showed that she was status post rotator cuff repair with a possible re-tear. She was diagnosed with impingement syndrome with large acromial spur, rotator cuff tendinitis, inflammatory synovitis, large supraspinatus rotator cuff tear, small subscapularis rotator cuff tear, and biceps tenodesis and tearing. It was recommended that she undergo further surgery for a rerepair. The treatment plan was for a surgical assistant PA. The rationale for treatment was to assist with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical assistant - PA: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical Assistant.

Decision rationale: The Official Disability Guidelines indicate that surgical assistants are recommended for more complex surgical procedures. The documentation provided does indicate that the injured worker was recommended to undergo a repair for a possible re-tear. However, the documentation provided does not support that she would be undergoing a complex procedure that would require a surgical assistant. Without documentation to show that a complex procedure is being performed and requires a surgical assistant, the request would not be supported. As such, the request is not medically necessary.