

<b>Case Number:</b>	CM15-0116779		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Indiana, Oregon  
 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 70 year-old female who sustained an industrial injury on 07/12/12. Initial diagnoses are not available. MRI 04/14/15 results are described as showing severe AC joint arthritis and impingement, but no full thickness rotator cuff tear. Treatments to date include physical therapy, pain medication management, and steroid injections to which pain has been resistant. Current diagnoses include right shoulder impingement syndrome, degenerative arthritis of the right ankle, lumbar spondylosis, stenosis at T2-T3 and C3-C7, bilateral carpal tunnel syndrome, C4-7 disc degeneration with moderate bilateral stenosis C4-5, moderate right C6-7, and lumbar spine strain. Treatment recommendations/requests are right shoulder arthroscopy with acromioplasty and distal clavicle resection, post operative sling, post operative physiotherapy, and pre-operative medical clearance. The injured worker is temporary totally disabled. Date of Utilization Review: 05/21/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: assistant surgeon: Upheld**

**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 Official Disability Guidelines (ODG) low back.

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is sub acromial decompression. Given the level of complexity of the surgery, it is not medically necessary to have an assistant.