

<b>Case Number:</b>	CM15-0127724		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/13/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Montana, Oregon, Idaho  
 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 54 year old female, who sustained an industrial injury on 6/13/2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left shoulder tendinitis and bursitis, and right shoulder rotator cuff tear. Treatments to date include medication therapy, cortisone injection, and physical therapy. Currently, she complained of increasing right shoulder pain from over compensation due to left shoulder pain. The record indicated she previously tried and failed anti-inflammatory medication, physical therapy and two cortisone injections. On 5/8/15, the physical examination documented tenderness and positive Hawkin's sign and a positive Speed's test. The provider documented the right shoulder MRI indicated a partial rotator cuff tear with bursitis and tendinosis. The plan of care included arthroscopic rotator cuff repair, subacromial decompression, biceps tenodesis of the right shoulder with an assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder surgery, arthroscopic rotator cuff repair, subacromial decompression biceps tenodesis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the submitted notes from 5/8/2015 do not specifically document 4 months of failure of activity modification or a directed therapy program. The physical exam from 5/8/15 does not document a painful arc of motion, it does not specifically state which shoulder is being examined, nor does the documentation include an official radiology report documenting the presence of a surgical lesion. Therefore, the request for right shoulder arthroscopy, subacromial decompression and biceps tenodesis is not medically necessary.

**Associated surgical services: Assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgical Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is no indication for an assistant surgeon for a routine arthroscopic rotator cuff repair, subacromial decompression and biceps tenodesis. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is not medically necessary and is therefore not medically necessary. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.