

<b>Case Number:</b>	CM15-0129055		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Oregon, Washington  
 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 65 year old female who sustained an industrial injury on 02/11/08. Initial complaints and diagnoses are not available. Treatments to date include left shoulder surgery, left carpal tunnel release, medications, therapy, and a TENS unit. Diagnostic studies include a MRI of the right shoulder. Current complaints include cervical and shoulder pain. Current diagnoses include right shoulder impingement, status post left shoulder decompression, cervical strain, and depression. In a progress note dated 05/02/15 the treating provider reports the plan of care as a psychologist, continued therapy to both shoulders, Norco and supplies for her TENS unit. The requested treatments include physical therapy to the left shoulder. Per the notes, the injured worker has just started physical therapy to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Physical therapy 2x6 left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
 Page(s): 26.

**Decision rationale:** While MTUS guidelines do recommend postoperative physical therapy for shoulder surgery, this proposed surgery involves the right shoulder. Thus physical therapy is only recommended for the right shoulder. Physical therapy for the contralateral left shoulder 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, 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) low back.

**Decision rationale:** 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 right shoulder arthroscopy with subacromial decompression and rotator cuff repair. Given the level of complexity of the surgery, it is not warranted. Therefore, the request for an Assistant Surgeon is not medically necessary.