

Case Number:	CM15-0143995		
Date Assigned:	09/10/2015	Date of Injury:	08/24/2014
Decision Date:	10/07/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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 52 year old female, who sustained an industrial injury on August 24, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a right shoulder labral tear and right shoulder pain, possible adhesive capsulitis. Medical records (January 2, 2015 to June 15, 2015) indicate continued right shoulder pain and stiffness. The injured worker reported increased right shoulder pain with any motion, especially attempting to overhead lifting. Per the treating physician (June 9, 2015 report), the injured worker is temporarily totally disabled. The physical exam (January 2, 2015 to June 15, 2015) reveals decreasing right shoulder range of motion due to pain, tenderness to palpation of the rotator cuff and bicipital tendon, 2 out of 5 of the abductors and external rotators and 4 out of 5 of the internal rotators of the right shoulder, and positive impingement, Hawkin's-Kennedy, O'Brien's, and Speed's testing. On May 8, 2015, a MR arthrogram of the right shoulder revealed insertional tendinosis of the supraspinatus without full thickness tear of any component of the rotator cuff. There were finding suspicious for a degenerative tear of the anterior inferior glenoid labrum. There was acromial arch impingement morphology and only mild acromioclavicular joint degenerative joint disease. Treatment has included: at least 2 sessions of acupuncture, at least 10 sessions of physical therapy, work restrictions, right shoulder steroid injections, a home exercise program, and medications including oral pain, topical pain, medical food, and non-steroidal anti-inflammatory. On June 15, 2015, the requested treatments included right shoulder manipulation under anesthesia, an assistant surgeon, postoperative physical therapy, and vasothermal rental for 10 days. On June

30, 2015, the original utilization review non-certified requests an assistant surgeon and vasothermal rental for 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG).

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 right shoulder manipulation under anesthesia. 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.

Associated surgical request: vasothermal rental for 10 days: 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), Continuous-flow cryotherapy.

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

Decision rationale: A MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is not medically necessary.