

Case Number:	CM15-0173433		
Date Assigned:	09/15/2015	Date of Injury:	07/29/2013
Decision Date:	10/26/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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 60 year old male, who sustained an industrial injury on July 29, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder impingement syndrome left greater than right left greater than right early adhesive capsulitis left greater than right partial subscapularis tear, left greater than right elbow early osteoarthritis, right medial epicondylitis, early cubital tunnel syndrome on the right, and early bilateral carpal tunnel syndrome. On July 20, 2015, the injured worker reported constant pain to the bilateral shoulders, left greater than right, with limited motion, weakness, and nocturnal pain that affected his activities of daily living (ADLs). The injured worker also reported pain and stiffness of the right elbow and wrist with occasional numbness and tingling of the right index and middle fingers. The Primary Treating Physician's report dated July 20, 2015, noted the left shoulder with tenderness, crepitus severe pain with cross over and mild pain with hawking, and a positive inferior glide. Prior treatments have included a cortisone injection to the left shoulder on March 6, 2015, with less than 50% pain relief for two weeks, failed physical therapy, and medication. The injured worker was noted to have pain and functional limitations with the left shoulder, with failed medications, therapy, and injections. A request was made for left shoulder surgery and post-op CPM. The injured worker was noted to be instructed to return to modified work on July 20, 2015. The request for authorization dated July 22, 2015, requested a left shoulder arthroscopy subacromial decompression, Mumford manipulation under anesthesia, post op physical therapy left shoulder 3x4, a cold therapy unit x 7 days , continuous passive motion machine rental x 3 weeks, and a surgical assistant. The Utilization Review (UR) dated August 11, 2015, approved the requests for a left shoulder arthroscopy

subacromial decompression, Mumford manipulation under anesthesia, post op physical therapy left shoulder 3x4, and a cold therapy unit x 7 days , and denied approval for the continuous passive motion machine rental x 3 weeks, and a surgical assistant as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic surgeons position statement reimbursement of the first assistant at Surgery in Orthopaedics.

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 a left shoulder arthroscopy subacromial decompression, mumford manipulation under anesthesia. Given the level of complexity of the surgery, it is not felt to be medically necessary to have an assistant. 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 shoulder arthroscopy. 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. Bibliography Assistant Surgeon <http://www.aaos.org/about/papers/position/1120.asp>.

Associated surgical service: Continuous passive motion machine rental x 3 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous passive motion (CPM).

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of CPM machine. According to the Official Disability Guidelines, Shoulder Chapter, Continuous passive motion (CPM), CPM is recommended for patients with adhesive capsulitis but not with patients with rotator cuff pathology primarily. With regards to adhesive capsulitis it is recommended for

4 weeks. As there is no evidence preoperatively of adhesive capsulitis in the cited records, the request is not medically necessary and the determination is for non-certification.