MAXIMUS Federal Services

Case Number:	CM15-0176356		
Date Assigned:	09/17/2015	Date of Injury:	05/21/2014
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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 48-year-old male, who sustained an industrial injury on May 21, 2014, incurring injuries to the right shoulder and right elbow. He was diagnosed with a right shoulder impingement syndrome with a superior labral tear from anterior to posterior (SLAP) and right tennis elbow. Treatment included diagnostic imaging, pain medications, shoulder injections, physical therapy and activity restrictions and modifications. Currently, the injured worker complained of continued pain in the right shoulder. He was authorized to proceed with a right shoulder surgical arthroscopy with subacromial decompression, Coro acromial ligament release, and extensive debridement of the superior labrum anterior posterior repair. The treatment plan that was requested for authorization on August 31, 2015, included an assistant surgeon for a shoulder arthroscopy. On August 7, 2014, a request for an assistant surgeon for a shoulder arthroscopy was non-approved.

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), Low Back Chapter.

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 shoulder arthroscopy. 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, homeostasis, 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 non-certified. Bibliography Assistant Surgeon http://www.aaos.org/about/papers/position/1120.asp.