

Case Number:	CM13-0032867		
Date Assigned:	12/06/2013	Date of Injury:	01/23/2001
Decision Date:	02/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female who sustained a work-related injury on 01/23/2001. The clinical information indicates that the patient has undergone surgical intervention for bilateral thoracic outlet syndrome in 2007 after which the patient utilized a posture vest in an attempt to extinguish a shrugging habit that she had developed. The patient has also undergone trigger point injections in the past. The patient's medications include Vicodin, Lortab, ibuprofen, and lidocaine topical. Subjectively, the patient reported complaints of severe neck pain. Objective findings revealed unbalanced posture of the shoulders, minimal atrophy, and significantly larger shrugger muscles on the right than the left. The patient was also noted to have firmer, tighter and more tender right group muscles, which reflected long-standing muscle spasms from her shrugging habit. There was also edema and tenderness to palpation. The treatment plan included a request for authorization for a neurologist consult for evaluation of a posture vest.

IMR ISSUES, DECISIONS AND RATIONALES

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

. **Custom posture vest:** 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), The shoulder-Immobilization and Durable medical equipment.

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, Immobilization.

Decision rationale: The Official Disability Guidelines (ODG) indicate that "immobilization is not recommended as a primary treatment, and immobilization and rest appear to be overused as treatment." The clinical provided lack evidence to support sustained benefit from the use of the requested durable medical equipment for the patient's diagnosis of thoracic outlet syndrome. Without clinical evidence to support the benefit of use, the request cannot be validated. As such, the request for a custom posture vest is non-certified.