MAXIMUS Federal Services

Case Number:	CM13-0033341		
Date Assigned:	06/06/2014	Date of Injury:	05/03/2011
Decision Date:	07/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified in Orthopedic surgeon and is licensed to practice in Arizona. 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/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:

This 62-year-old male sustained a work related injury on 5/3/2011. He underwent arthroscopic surgery and rotator cuff repair on 8/19/2011. He continued to have periodic pain, discomfort, and weakness involving the left shoulder. The patient received multiple injections of Kenalog into the left shoulder over the years which gave him transient relief of his pain. Examination on 2/28/2013 reveal limitation of motion of the shoulder with forward flexion and abduction of 155, internal rotation to L3 and external rotation of 50. The shoulder girdle muscles were weak in all planes. In the progress note of 8/15/2013, the patient continues to have periodic pain, discomfort, weakness, stiffness, and loss of motion involving the left shoulder. Examination of the shoulder revealed forward flexion of 150, abduction of 110, internal rotation to S1 and internal rotation of 50. Manual muscle testing was 4/5 in all planes. Because of what the provider describes as postural deficits, the provider wants the patient to have a postural spinal Q brace. Progress note of 11/7/2013 again notes the pain, stiffness and weakness of the patient's shoulder. It mentions a transient relief the patient had with a Kenalog injection on 6/13/2013 and again mentions the desire for authorization of a postural spinal Q brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

REHAB SCAPULAR STABILIZATION BRACE/SPINAL Q BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 47; 98.

Decision rationale: The scapula stabilizing spinal Q brace is a passive modality for stabilizing the scapula. According to the chronic pain guidelines passive therapy can provide short-term relief during the early phases of pain treatment. Active therapy is recommended and is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires effort on the part of the individual to complete specific exercise or tasks. The patient is to continue active therapy on a home based exercise program. This patient has been having pain in his shoulder since his initial injury and according to the guidelines, needs to be managed according to chronic pain principles which recommends active therapies. Therefore, the medical necessity of a patella stabilizing spinal Q brace has not been established.