

Case Number:	CM13-0057057		
Date Assigned:	04/25/2014	Date of Injury:	10/09/2011
Decision Date:	07/07/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine 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 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:

The patient is a 46-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy, displacement of intervertebral disc site unspecified without myelopathy and other chronic pain associated with an industrial injury date of October 9, 2011. The patient complains of neck pain on the right worse than the left, ranging from 3-5/10 in severity. Physical examination showed improved cervical spine range of motion (ROM), depressed and internally rotated right shoulder and mechanical abnormality in the motion of the scapula with exaggerated motion of the right scapula when compared to the left. The diagnoses were displacement of the cervical disc without myelopathy, other chronic pain and scapular dyskinesia. Treatment plan includes a request for scapular stabilization brace. This is because the patient has signs and symptoms of shoulder girdle laxity with resultant neurovascular compression contributing to the symptom complex. Treatment to date has included oral analgesics, muscle relaxants, home exercises, physical therapy and trigger point injections. Utilization review from November 6, 2013 denied the request for scapular stabilization brace. The reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCAPULAR STABILIZATION BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin no. 0009 Orthopedic Casts, Braces and Splints.

Decision rationale: The CA MTUS does not address scapular stabilization brace specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0009 Orthopedic Casts, Braces and Splints. Aetna states that the Spine and Scapula Stabilizing brace (the S3 brace) is considered experimental and investigational because of insufficient evidence of its effectiveness. The vest-type orthosis is designed to help restore normal shoulder kinematics, according to the manufacturer. Evidence for the S3 brace consists of unpublished abstracts examining the effect on shoulder kinematics in normal subjects as well as subjects with "scapular dyskinesia". There are no published clinical outcome studies of the S3 brace. In this case, the patient was diagnosed to have shoulder dyskinesia for which a scapular stabilization brace was prescribed. However, there is limited evidence-based literature to prove the effectiveness of the requested orthosis. There is no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for scapular stabilization brace is not medically necessary.