

<b>Case Number:</b>	CM13-0061394		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Family 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:

50 yr. old male claimant sustained a work injury on 12/11/10 involving the shoulders and back. He has a diagnosis of cervical disc disease with radiculopathy, right shoulder impingement and low back pain. He has undergone physical therapy, electrical muscle stimulation and manipulation. A progress note on 9/27/13 indicated he had tenderness over the shoulders and decreased range of motion over the right shoulder. He had a positive apprehension test and Neer's test on the right shoulder. His lumbar spine showed palpatory tenderness in the paravertebral region and a normal neurological exam. Additional therapy was requested under a chiropractor as well as planning for right shoulder surgery. Subsequently a request was also made for a posture shirt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTURE SHIRT 1-XL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-301. Decision based on Non-MTUS Citation Official Disability Guidelines Back pain.

**Decision rationale:** According to the ACOEM guidelines and ODG guidelines, back supports are not recommended nor medically necessary. A posture shirt is designed for posture enhancement and support similar to a back brace. There is no evidence it provides medical benefit. As a result a postural shirt is not medically necessary.