

Case Number:	CM14-0003940		
Date Assigned:	01/31/2014	Date of Injury:	03/13/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 41 year old male with an injury reported on 03/13/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/13/2014, reported that the injured worker was follow-up status-post right shoulder diagnostic and operative arthroscopy on 10/14/2013. The physical examination findings reported the injured worker's range of motion of the right shoulder demonstrated forward flexion and abduction to 170 degrees and strength was noted to be 4+/5 in all directions. It was also reported he had subscapularis lift-off at 3+/5. The injured worker's diagnoses included right shoulder reconstructive surgery 20 years ago with posterior open incision and posterior capsular labral reconstruction; status-post right shoulder diagnostic and operative arthroscopy on 10/14/2013. The request for authorization was submitted on 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 SPINAL Q BRACE (REDACTED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, CHAPTER 12 (LOW BACK COMPLAINTS), 298, 301

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for spinal Q-brace () is not medically necessary. The injured worker was follow-up status-post right shoulder diagnostic and operative arthroscopy on 10/14/2013. It was reported the injured worker's range of motion of right shoulder demonstrated forward flexion and abduction to 170 degrees and strength was noted 4+/5 in all directions. It was also reported he had subscapularis lift-off at 3+/5. The Low Back Complaints ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It was noted that the provider described the injured worker's range of motion of his right arm as 'excellent'. The rationale for utilization of a spinal Q-brace is unclear. There is a lack of evidence indicating the injured worker has a functional deficit requiring a support brace. Therefore, the request is not medically necessary.