

Case Number:	CM14-0009135		
Date Assigned:	02/12/2014	Date of Injury:	08/17/2011
Decision Date:	07/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Management and is licensed to practice in Tennessee. 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 is a 43-year-old female with an 8/17/11 date of injury after being rear ended, injuring her right shoulder and neck. The patient is status post an MUA on 10/3/13. A physical therapy note date 12/2/13 note the patient had decreased range of motion, with right shoulder and neck pain 2-3/10. Exam findings revealed muscle atrophy in the right upper extremity, mild decrease in active and passive range of motion of the right shoulder secondary to pain, strength of the right shoulder was 4/5 but tenderness was noted to have improved significantly with physical therapy. The diagnosis was adhesive capsulitis and unspecified disorders of bursae and tendons on the shoulder. A postural shirt was requested for improvement in posture and work functional capacity. Treatment to date: physical therapy x 17, HEP, acupuncture. A UR decision dated 12/23/2013 denied the request given there are no peer review studies that show that a postural shirt effects outcome in terms of improvements on functional ability or posture.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTURAL SHIRT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23672321>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Athl Train. 2013 Jan-Feb;48(1):12-24. doi: 10.4085/1062-6050-48.1.13. <http://www.ncbi.nlm.nih.gov/pubmed/23672321> "Scapular bracing and alteration of posture and muscle activity in overhead athletes with poor posture."

Decision rationale: MTUS and ODG does not address this issue. There is no study noted that demonstrate the long term efficacy of a postural shirt on posture. This patient is noted to have had an MUS for adhesive capsulitis on 10/3/13 with post operative physical therapy. His last documented physical therapy note describes good passive and active range of motion of the right shoulder. There is no indication that the request for a postural shirt will improve this patient's functional capacity or posture long term. Therefore, the request for a postural shirt is not medically necessary.