

<b>Case Number:</b>	CM14-0016814		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/08/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 44 year old female who was injured on 8/8/09. The mechanism of injury was not provided for review. Prior treatment history has included Kenalog injection to the right shoulder on 8/1/12 with minimal relief. The patient underwent a right shoulder arthroscopy on 5/27/11. She has a history of right wrist surgery. Diagnostic studies reviewed include an MRI of the cervical spine dated 7/26/12 that reveals mild C5-C6 disc desiccation. An MRI of the right shoulder dated 7/26/12 reveals tendinitis. A progress report dated 11/6/13 reports that the patient continues to have stiffness, weakness, giving way, and numbness in her right shoulder. She was recommended to use a capsular stabilization brace. On examination of the right shoulder, there are well-healed arthroscopic portals with forward flexion and abduction to 150 degrees and internal rotation to the SI joint. The cervical spine shows paraspinal muscle tenderness and painful range of motion with positive Spurling's test to the right. The assessment is an industrial injury to the right shoulder and status post right shoulder arthroscopy on 5/27/11. The patient is recommended to use a stabilization brace. She has also been recommended ice, anti-inflammatories, self-directed stretching, and strengthening exercises. Ibuprofen and Voltaren gel have also been recommended. Currently, the patient is being treated for breast cancer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A SPINAL Q BRACE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** This appears to be a request for a scapular stabilization brace for the right shoulder to help correct poor posture secondary to chronic right shoulder pain. According to the MTUS/ACOEM guidelines, slings, and supports are not recommended for subacute or chronic shoulder pain, nor for poor posture secondary to pain. As such, the request is not medically necessary.