

<b>Case Number:</b>	CM14-0154668		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 and 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 48-year-old female who reported an injury on 02/26/2013, the mechanism of injury was not provided. On 08/18/2014, the injured worker presented with right shoulder pain. Upon examination, there was tenderness to the right shoulder with limited range of motion due to pain. There was atrophy at the right deltoid musculature. The diagnosis was status post right shoulder surgery 10/2013. Prior therapy included physical therapy, medications, and surgery. The provider recommended a spinal Q posture vest, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Spinal Q Posture Vest, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The request for spinal Q posture vest, quantity 1 is not medically necessary. The California MTUS/ACOEM Guidelines state because evidence is insufficient to support

using a vertebral axial decompression for treating low back injuries, it is not recommended. There is no medical indication the posture vest would assess in treatment for the injured worker. The provider's rationale is not provided. As such, medical necessity has not been established.