

Case Number:	CM14-0030438		
Date Assigned:	06/20/2014	Date of Injury:	04/03/2012
Decision Date:	08/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 24-year-old male with a reported injury on 04/03/2012. He had an examination on 01/27/2014; this was for an orthopedic re-evaluation of his left shoulder. He was status post diagnostic and operative arthroscopy on 10/11/2013 for the left shoulder. He did delay physical therapy and he continued to have loss of motion, swelling, weakness, discomfort, and difficulty with overhead activities involving his left shoulder. He complained also of shooting sensation throughout his left shoulder and down to his left arm. He had a range of motion with forward flexion of abduction at 145 degrees. Previous magnetic resonance imaging (MRI) studies on 10/11/2013 revealed left shoulder impingement and bursitis, status post left shoulder diagnostic and operative arthroscopy with decompression and debridement, and status post Kenalog injection on 12/16/2013. The recommended plan of treatment is physical therapy 2 times a week for the next 6 weeks. A recommendation of a transcutaneous electrical nerve stimulation (TENS) unit and a spinal Q-brace for the next 6 weeks was made. There was no medication list and efficacy provided. There was no previous treatment provided. The Request for Authorization and the rationale was also not provided.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back complaints, lumbar supports.

Decision rationale: The request for one spinal Q-brace is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not address the request, although the American College of Occupational and Environmental Medicine states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines do not recommend lumbar supports for prevention. There is strong inconsistent evidence that lumbar supports are not effective in preventing neck and back pain. Again, there is no request or rationale as to the use and the benefit of the spinal Q-brace. Therefore, the request for the spinal Q-brace is not medically necessary.