

<b>Case Number:</b>	CM14-0035277		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 62-year-old female who was reportedly injured on November 15, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 13, 2013, indicated that there were ongoing complaints of right shoulder pain and left knee pain. The physical examination demonstrated tenderness over the subacromial bursa and rotator cuff muscles with a positive Hawkins test and a positive Neer's test. There was decreased right shoulder range of motion. Work restrictions were issued, and home therapy was recommended. There was also a request for a Spinal Q brace. Diagnostic imaging studies objectified a high grade partial tear of the rotator cuff of the right shoulder with impingement. A request was made for a Spinal Q brace and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rehab brace by Spinal Q; purchase:** Upheld

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

**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:<http://www.spineuniverse.com/treatments/bracing/molded-jackets-type-spinal-brace>.

**Decision rationale:** According to the medical records provided, the injured employee has a diagnosis of a right shoulder partial rotator cuff tear and impingement syndrome. A rehabilitation spinal Q brace was recommended for postural reasons and weakness in the right shoulder. There was no peer-reviewed medical evidence provided by the California MTUS or the official disability guidelines recommending the use of this brace for the shoulder. Additionally, this type of brace is recommended specifically for spinal problems rather than shoulder problems. For these reasons, this request for a rehabilitation Spinal Q Brace is not medically necessary.