

<b>Case Number:</b>	CM14-0048199		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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, has a subspecialty in Interventional Spine 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 33-year-old male with a date of injury of 10/15/2012. The listed diagnoses per [REDACTED] are rotator cuff sprain/strain, adhesive capsulitis of shoulder and other infections of shoulder region. According to progress report 03/21/2014 by [REDACTED], the patient is status post left shoulder arthroscopy and correction on 02/11/2014. The patient states he is very pleased with his progress so far. He is attending formal physical therapy and the therapist has recommended IntelliSkin as the patient is unable to tolerate taping. The provider states this is designed to retract the scapula and pull the thoracic spines erect. The recommendation is for an IntelliSkin shirt as the patient is unable to tolerate taping and has severe contact dermatitis with tape. Utilization Review denied the request on 04/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intelliskin Shirt:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**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: Intelliskin Website.

**Decision rationale:** This patient is status post left shoulder arthroscopy and correction on 02/11/2014. The request is for an IntelliSkin shirt to help retract the scapula and pull the thoracic spine erect. ACOEM, MTUS and ODG guidelines do not discuss IntelliSkin clothing. According to [www.intelliskin.net](http://www.intelliskin.net), IntelliSkin clothing is posture apparel. They are form fitting shirts that promote good posture by constantly stimulating or cueing the muscles. In this case, there are no medical guidelines that support this product. ACOEM guidelines have the following regarding evidence based medicine on page 491. Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients. There needs to be evidence that this product will result in significant improvement and there is no such evidence yet. Therefore the request is not medically necessary.