

Case Number:	CM14-0074408		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 records presented for review indicate that this 39-year-old individual was reportedly injured on May 24, 2012. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated March 5, 2014, indicated that there were ongoing complaints of right upper extremity pain. The physical examination demonstrated no changes subsequent to the previous visit, a decrease in range of motion, and tenderness to palpation with evidence of allodynia. Diagnostic imaging studies were not presented. Previous treatment included right shoulder surgery, multiple medications, postoperative rehabilitation physical therapy, and a suggested trial of a spinal cord stimulator. A request had been made for a posture shirt and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posture Shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Literature, <http://www.alignmed.com/product-range/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter, updated August, 2014.

Decision rationale: As discussed in the ODG low back chapter, this is not recommended as there are no quality studies completed to establish any efficacy to the marketing claims. Accordingly, the request for a posture shirt is not medically necessary.