

Case Number:	CM14-0089721		
Date Assigned:	07/23/2014	Date of Injury:	07/21/2013
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 29-year-old female was reportedly injured on July 21, 2013. The mechanism of injury reported was pain in the right shoulder blade experienced, when the claimant was lifting a case of beer, while working. The most recent progress note, dated April 30, 2014, indicated that there were ongoing complaints of cervical spine, thoracic spine, and low back pain. The physical examination demonstrated scapular winging on the right with abnormal early scapular activation. Diagnostic imaging studies were not referenced. Prior treatment has included physical therapy, home exercise program, chiropractic care, acupuncture therapy, and pharmacotherapy. X-rays of the cervical spine, CT of the head, x-ray of the chest, and lab tests were referenced in the December 16, 2013 note, though the results were not discussed. A request had been made for an Intelliskin shirt for posture correction and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intelliskin Shirt for Posture Correction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg, (updated 03/31/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG -TWC
ODG TreatmentIntegrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 08/27/14) - IntelliSkin posture garments

Decision rationale: CA MTUS guidelines are silent on the use of IntelliSkin posture garments. Therefore, ODG guidelines are used. ODG guidelines do not recommend this device as treatment for shoulder pain, as there is no quality published studies to support claims that this garment results in improved posture and decrease pain. Therefore, the request is not medically necessary.