

Case Number:	CM14-0197055		
Date Assigned:	12/05/2014	Date of Injury:	06/04/2008
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 45-year-old male with a date of injury of 06/04/2008. According to progress report dated 10/23/2014, the patient presents with chronic neck, low back and shoulder pain. The patient rates his pain with medication as 5/10 and without medication 6/10. There are no new problems or side effects noted. The patient's current medication regimen includes Lyrica 75 mg and Norco 10/325 mg. The patient has been complaining of upper extremity pain including left shoulder, left arm, and left elbow. Electrodiagnostic study revealed right and left chronic L5 lumbar radiculopathy without active denervation. The listed diagnoses are: 1. Chronic cervical sprain/strain with continuing pain and painful paresthesia in the right and left upper extremity. 2. Left shoulder sprain/strain with type 1 IV left superior labral detachment (SLAP lesion) and high-grade rotator cuff repair. 3. Chronic thoracic sprain/strain. 4. Right shoulder sprain/strain. 5. Lumbar sprain/strain, chronic. 6. Right hip pain. 7. Left hip pain. Request for authorization (RFA) dated 11/07/2014 made a request for "IntelliSkin shirt to assist with shoulder pain and function." The utilization review denied the request on 11/07/2014. Treatment reports from 07/12/2013 through 11/20/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IntelliSkin shirt to assist with shoulder pain and function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491. Decision based on Non-MTUS Citation www.intelliskin.net, Intelliskin clothing

Decision rationale: This patient presents with chronic neck, low back, and bilateral shoulder pain. The current request is for IntelliSkin shirt to assess with shoulder pain and function. ACOEM, MTUS and ODG guidelines do not discuss IntelliSkin clothing. According to 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. The ACOEM guidelines has 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 medical evidence that this product will result in significant improvement and there is no such evidence yet. The requested Intelliskin shirt IS NOT medically necessary.