MAXIMUS Federal Services

Case Number:	CM14-0197312		
Date Assigned:	12/05/2014	Date of Injury:	01/19/2004
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
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 Pain Medicine 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:

This is a 69 year old male who sustained a work related right shoulder injury on January 19, 2004. The mechanism of injury was not provided. Work status notes he is retired. Per the Utilization Review documentation dated November 11, 2014 he had a significant rotator cuff tear and underwent surgery on May 3, 2004. Current documentation dated October 20, 2014 notes that the injured worker had two prior surgeries, unspecified. He was also receiving physical therapy. No physical therapy notes were submitted for review. Physical examination revealed significant atrophy. Arm elevation was 130 degrees and abducts to seventy degrees. There was weak external rotation. An MRI dated not specified, showed significant retraction and atrophy. The physician noted that the injured worker had a repairable tear. The injured worker was noted to be a good compensator and therefore did not require surgery at the present time. Diagnosis was a massive right rotator cuff tear. The treating physician requested the purchase of a Spinal Q Postural Brace. A prescription dated August 19, 2014 has a box checked indicating that the brace "improve shoulder instability, stabilizes the spine, and helps with osteoporosis and poor posture." A progress note dated August 19, 2014 recommends working on range of motion and strengthening with additional physical therapy. Utilization Review evaluated and denied the request for the Spinal Q Brace purchase on November 11, 2014. Utilization Review denied the purchase of the Spinal Q Brace due to the device being considered investigational and there are no conclusive studies that support this investigational treatment. The injured worker had a diagnosis of a massive rotator cuff tear and it is unclear how a postural brace would be beneficial with this diagnosis. The request is therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Postural Brace - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Support;
http://www.ncbi.nlm.nih.gov/pubmed/?term=Spinal+Q+Postural+Brace

Decision rationale: Regarding the request for Spinal Q Postural Brace, ACOEM states that a sling/brace may be used for a brief period following severe rotator cuff pathology. A search of the National Library Of Medicine revealed no peer-reviewed scientific literature supporting the use of Spinal Q Postural Brace for the treatment of any medical diagnoses. Additionally, lumbar supports are not recommended for the treatment of any of this patient's diagnosis. The requesting physician has not provided any substantial peer-reviewed scientific literature supporting the use of this treatment modality for his patient's diagnoses. As such, the currently requested Spinal Q Postural Brace is not medically necessary.