

<b>Case Number:</b>	CM14-0199980		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & 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:

44y/o female injured worker with date of injury 11/5/13 with related back and shoulder pain. Per progress report dated 10/30/14, the injured worker reported continued symptoms of achiness, stiffness, and pain with limited mobility. It was noted that the left shoulder was riding higher than the right. Per physical exam, the injured worker had positive Neer's and Hawkin's test. Treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Intelliskin posture garments. Other Medical Treatment Guideline or Medical Evidence: [http://www.mbracedirect.com/spinal\\_q\\_rehab\\_jacket.php](http://www.mbracedirect.com/spinal_q_rehab_jacket.php).

**Decision rationale:** Per internet search, the Spinal Q brace is a full upper body seamless garment with elastic straps, is designed to improve posture, reduce pain and increase range of motion in the Shoulder and Spine. This Retraining device optimizes scapular function, and increases rotator cuff strength improving the treatment of shoulder injuries. The MTUS is silent on the use of such brace. The ODG states this regarding similar product: "Not recommended as a treatment for shoulder pain. IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims." As the requested device is not recommended, the request is not medically necessary.