MAXIMUS Federal Services

Case Number:	CM14-0209988		
Date Assigned:	12/23/2014	Date of Injury:	10/22/2013
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 38-year-old male with date of injury of 10/22/2013. The listed diagnosis from 10/23/2013 is status post left shoulder diagnostic and operative arthroscopy with decompression of acromioplasty, debridement, and Mumford from 06/06/2014. According to this report, the patient is making excellent progress postoperatively. He states that his physical therapy is helping him with his posture to enable him to pull his shoulders back and to strengthen the scapular muscles. He is experiencing some mild weakness. The patient states that his mobility is back to his baseline and his strength is slowly getting better. The examination shows left shoulder well-healed arthroscopic portals. For flexion, abduction of 165 degrees. Internal rotation is to L3. Manual muscle testing is 4/5 in all planes. Negative Neer's and Hawkins' sign. No other findings were noted on this report. Treatment report from 10/23/2014 was made available for review. The utilization review denied the request on 11/19/2014.

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 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on lumbar supports

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy from 06/06/2014. The provider is requesting a Spinal Q Postural Brace Purchase. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines regarding lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low-quality evidence, but may be a conservative option." The 10/23/2014 report notes that the provider is requesting a spinal Q brace to "help the patient with his posture." There are no discussions regarding the patient's lumbar spine. The patient does not present with spondylolisthesis, compression fracture or instability. In this case, the patient does not meet the ACOEM and Official Disability Guidelines criteria for lumbar supports. The request is not medically necessary.