

Case Number:	CM15-0100967		
Date Assigned:	06/03/2015	Date of Injury:	02/28/2008
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56-year-old female who sustained an industrial injury on 2/28/08. The injured worker was diagnosed as having rotator cuff sprain and strain, adhesive capsulitis of shoulder, other affections shoulder region and lack of coordination/scapular dyskinesia. Currently on 4/2/15, the injured worker was with complaints of left shoulder discomfort. Previous treatments included home exercise program, ice application and non-steroidal anti-inflammatory drugs. Physical examination was notable for painful left shoulder range of motion and mild to moderate positive impingement testing, 5/5 strength, negative provocative testing. Physical examination of the cervical spine revealed negative Spurling test and full ROM. A recent detailed physical examination of the low back was not specified in the records provided. The plan of care was for a spinal Q vest purchase. Patient has received an unspecified number of PT visits for this injury. The medication list include Advil. The patient's surgical history include CTR in 11/2012 and left shoulder arthroscopy in 4/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q vest purchase for left shoulder: 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): low back - Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 05/04/15) Postoperative abduction pillow sling, Immobilization.

Decision rationale: Request: Spinal Q vest purchase for left shoulder. The S3 Spinal Q jacket by Align med is marketed as a rehabilitation jacket for medical issues such as poor posture, rotator cuff injuries, slap tears, osteoporosis, spine conditions such as vertebral fracture recovery and back pain. Per the ACOEM guidelines cited below "cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities." Per the cited guidelines, immobilization is, "Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. With the shoulder, immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder." As per cited guideline, immobilization of the shoulder is not recommended as a primary treatment and is a major risk factor for developing adhesive capsulitis, or frozen shoulder. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. As per cited guideline, "Postoperative abduction pillow sling: Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008)" Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. Any evidence that the patient was certified for a right shoulder surgery was not specified in the records provided. In addition as per cited guideline, the immobilization devices decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The medical necessity of the request for Spinal Q vest purchase for left shoulder is not necessary for this patient.