

Case Number:	CM15-0101474		
Date Assigned:	06/03/2015	Date of Injury:	11/21/2013
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old female with a November 21, 2013 date of injury. A progress note dated April 23, 2015 documents subjective findings (right shoulder achiness, stiffness and pain with overhead activities; difficulty sleeping on the affected side; symptomatic regarding her lumbar and cervical spine), objective findings (stiffness and pain at end range of motion of the right shoulder; positive patellofemoral crepitation of the bilateral knees; positive grind and tenderness to palpation on the medical joint line; tenderness to palpation of the cervical and lumbar paraspinal musculature and painful range of motion testing), and current diagnoses (industrial injury in a cumulative trauma claim). Treatments to date have included magnetic resonance imaging (indicated a rotator cuff tear), rest, ice, medications, home stretching and strengthening exercises, and physical therapy. The treating physician documented a plan of care that included a Spinal Q posture brace purchase for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q postural brace for purchase for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG treatment guidelines.

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 Supports OFFICIAL DISABILITY GUIDELINES (ODG) Shoulder Chapter, Postoperative abduction pillow sling and Other Medical Treatment Guidelines X Other Medical Treatment Guideline or Medical Evidence:
<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. 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.