MAXIMUS Federal Services

Case Number:	CM15-0102747		
Date Assigned:	06/08/2015	Date of Injury:	06/20/2008
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic low back, knee, neck, and shoulder pain reportedly associated with an industrial injury of June 20, 2008. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for a scapular stabilization brace. The claims administrator referenced an office visit of April 23, 2015 in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder arthroscopy of September 2014. The applicant had also undergone left and right knee surgeries, it was reported. The applicant exhibited 150-160 degrees of shoulder range of motion. A scapular stabilization brace was sought in a highly templated fashion for "postural support." Topical Voltaren gel was also endorsed. The applicant had retired from his former employment, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Brace (Rehab Scapular Stabilization Brace): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Lumbar and Thoracic (Acute and Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 205, 213 and on the Non-MTUS, ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Shoulder Disorders, pg 18 Adhesive Capsulitis ("Frozen Shoulder" and "Painful Stiff Shoulder") Not Recommended Slings and braces (I).

Decision rationale: No, the proposed scapular stabilization brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 205, careful advice regarding maximizing activities within the limits of symptoms is "imperative," once some red flags have been ruled out. In a similar vein, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 also notes that the prolonged usage of a sling and, by analogy, usage of the brace at issue, for symptom control purposes is "not recommended." The Third Edition ACOEM Guidelines Shoulder Chapter also notes on page 18 that the usage of slings and/or braces is "not recommended" for applicants without a painful and/or stiff shoulder. Here, the attending provider did not furnish a clear or compelling rationale for selection of this particular brace in the face of the unfavorable ACOEM positions on the same. It was not stated or established how the brace would be beneficial and/or how it could be employed to advance the applicant's activity level. Therefore, the request was not medically necessary.