

Case Number:	CM15-0107709		
Date Assigned:	06/12/2015	Date of Injury:	11/22/2013
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina

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 (IW) is a 46 year old male who sustained an industrial injury on 11/22/2013. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having left shoulder impingement syndrome; rule out cervical radiculopathy/double crush, cervical thoracic myofascial pain. Treatment to date has included arthroscopic surgery for repair of partial thickness rotator cuff tear (04/06/2015). Currently, the injured worker complains of left shoulder pain, and back pain. Noted is full range of motion of the extremities, and decreased flexion and extension of lumbar spine secondary to pain. The treatment plan includes arthroscopic left shoulder rotator cuff repair, and postoperative treatment plans included an EZ fit game ready DVT unit and wrap, and a LSO back brace. A request for authorization is made Retro: 04/08/2015-04/08/2015 for a LSO (Lumbar Sacral Orthosis) back brace for submitted diagnosis of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.