

Case Number:	CM15-0130384		
Date Assigned:	07/16/2015	Date of Injury:	05/29/2012
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: Emergency 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 injured worker is a 56 year old female with an industrial injury dated 05/29/2012. Her diagnoses included rotator cuff tear, medial meniscus tear and herniated nucleus pulposus cervical spine. Prior treatment included diagnostics and medications. She presents on 05/21/2015 with complaints of pain, numbness and tingling in upper extremities. Documented physical exam noted "she is unchanged." She had positive Tinel's signs with diffuse decreased sensation to pinprick. The provider notes the injured worker has cervical pathology, shoulder pathology and knee pathology. The requested treatment is for Align Med SS spinal Q brace with posture shirt, size 2 X.

IMR ISSUES, DECISIONS AND RATIONALES

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

Align Med SS spinal Q brace with posture shirt, size 2x: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Posture Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back: Posture garments.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, posture garments are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not medically necessary.