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| <b>Case Number:</b>   | CM15-0145499 |                              |            |
| <b>Date Assigned:</b> | 08/06/2015   | <b>Date of Injury:</b>       | 07/09/2011 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 07/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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, Massachusetts

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 injured worker is a 37 year old female who sustained an industrial injury on 07/09/2011. There was no mechanism of injury documented. The injured worker was diagnosed with right shoulder biceps inflammation and recurrent posterior-inferior humeral subluxation and instability. The injured worker is status post right shoulder arthroscopy with posterior capsulolabral repair in January 2012 and right shoulder arthroscopy with revision of posterior capsulolabral repair, biceps tenotomy and mini open subpectoral biceps tenodesis on December 31, 2014. Treatment to date has included diagnostic testing, surgery, activity modification, physical therapy and medications. According to the primary treating physician's progress report on July 2, 2015, the injured worker continues to experience right shoulder pain. Examination demonstrated tenderness to palpation of the posterior glenohumeral joint. Range of motion was documented at forward elevation at 140 degrees with pain posteriorly, abduction and external rotation at 80 degrees and abduction internal rotation at 45 degrees with negative impingement tests. Supraspinatus resistance was 4 plus out of 5 with negative belly press, speed tests and tension tests. Motor strength and sensory function was intact distally. Current medication listed was Tramadol. Treatment plan consists of continuing physical therapy, modified work duty and the current request for Aligned S3 Spinal Q posture brace to improve shoulder pain and function and facilitate appropriate scapular posture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aligned S3 Spinal Q Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** While the ACOEM and CA MTUS guidelines do not specifically mention this specific requested posture support, the guidelines do make it clear that "there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." This requested device is a posture support; there are no studies found that support clinical efficacy of this device in either improvement of symptoms or functional capacity. Therefore, it is not medically necessary.