

Case Number:	CM15-0149741		
Date Assigned:	08/12/2015	Date of Injury:	02/03/2011
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

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:

The injured worker is a 40 year old female who sustained an industrial injury on February 03, 2011. The worker was employed as a [REDACTED]. The accident was described as while working she was involved in a motor vehicle accident with resulting injury. An orthopedic follow up dated July 07, 2015 reported treating diagnoses: chronic pain; myofascial pain with trigger points; scalene spasm and dystonia; shoulder girdle asymmetrical with laxity; rule out neurovascular compression syndrome, status post radial tunnel release, and pain in joint forearm. The plan of care noted returning to productivity at home; administration of trigger point injections to right trapezius and right pectoralis, and a right scalene block. At a follow up dated January 16, 2015 the plan of care noted consideration for repeat epidural injections and recommending a light vest.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scapula stabilization postural brace: Upheld

Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic) (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), IntelliSkin posture garments (2) Low Back - Lumbar & Thoracic (Acute & Chronic, Posture garments).

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for chronic low back and right upper extremity pain. When seen, there was moderate right forearm tenderness. There was altered posture with internal rotation of the right shoulder and right shoulder depression. There were right scalene, upper trapezius, forearm flexor, pronator, and extensor, and right pectoralis minor trigger points. Right Adson's testing was positive. There was right upper extremity muscle fatigue with repetitive strength testing. Trigger point injections and a right scalene block were performed. A scapular stabilization/posture brace was provided. 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 pain. There are no quality published studies to support these claims. The request is not considered medically necessary.