

Case Number:	CM15-0160109		
Date Assigned:	08/26/2015	Date of Injury:	10/21/2013
Decision Date:	09/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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, Florida, 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 injured worker is a 45-year-old female, who sustained an industrial injury on 10-21-13. The injured worker was diagnosed as having subacromial impingement secondary to scapular dysfunction of the right shoulder. Treatment to date has included right shoulder rotator cuff repair and subacromial decompression on 6-9-14, physical therapy, and medication. Physical examination findings on 7-21-15 included positive impingement tests and anterosuperior cuff tenderness to palpation. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for an Aligned S3 spinal Q brace (rehab jacket).

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 (rehab jacket): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Procedure, http://www.mbracedirect.com/spinal_q_rehab_jacket.php, Br. Sports Medicine. 2010, Kibler WB1.

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

Decision rationale: This claimant was injured now two years ago. There is alleged subacromial impingement secondary to scapular dysfunction of the right shoulder. Treatment to date has included right shoulder rotator cuff repair and subacromial decompression on 6-9-14, physical therapy, and medication. There is still shoulder pain. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The same clinically would hold for any region of the spine, including the thoracic and upper back area. In this case, the claimant is well past the acute phase of care. There is no evidence of spinal instability, or spondylolisthesis. Therefore, this request is appropriately not medically necessary.