

<b>Case Number:</b>	CM15-0160501		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

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 is a 48 year old male, who sustained an industrial injury on September 19, 2012. He reported injury to the neck and vertebrae. The injured worker was currently diagnosed as having cervical neuritis of the right upper extremity. Treatment to date has included diagnostic studies, surgery, physical therapy, activity modification and medication. On May 22, 2015, the injured worker complained of aching and tingling from his shoulder down to the fingers along with neck tension. Notes stated that he will do scap rehab on his own. The treatment plan included an Aligned S3 Spinal Q Brace (Rehab Jacket) in order to improve shoulder pain and function. This was also noted for help in facilitating scapular posture and optimize scapular function during daily activities and during the course of treatment. A request was made 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), per 05/22/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Posture garments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back pain.

**Decision rationale:** This patient receives treatment for chronic neck and scapular pain. This relates back to an industrial injury on 09/19/2012. This review addresses a request for an Aligned S3 Spinal Q brace. The medical diagnoses include cervical neuritis with pain radiating to the R upper extremity. The patient experiences neck tension and numbness with tingling down to the R arm and hand. On exam the motor and sensory exams are normal. The shoulder exam shows "type 2 dyskinesia," negative testing for impingement. Supraspinatus, Speed and Belly exams are normal. The treatment guidelines do not recommend any kind of rehabilitation jackets, as there is no evidence in the medical literature that such devices offer a benefit other than that of a placebo. The rehab jacket is not medically necessary.