

<b>Case Number:</b>	CM15-0161423		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/05/2015
<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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 27, 2011. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for scapular posture vest and a scapular posture shirt. The claims administrator referenced an RFA form dated July 29, 2015 and associated RFA form dated July 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 20, 2015 progress note, the applicant reported ongoing complaints of shoulder pain with associated stiffness and weakness, right greater than left. The applicant reported difficulty dressing himself and combing his hair. The applicant had undergone multiple left and right shoulder surgeries, it was reported. Shoulder corticosteroid injections, NSAIDs, and a scapular vest and shirt were sought. The applicant was asked to consider a total shoulder arthroplasty procedure. A product description was not, however, seemingly furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scapular Posture Shirt:** 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, Immobilization.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 9Table 2. Summary of Recommendations for Managing Shoulder Disorders Not Recommended Slings and shoulder supports for subacute or chronic shoulder pain or mild to moderate acute pain (C).

**Decision rationale:** No, the request for a scapular posture shirt was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 215 notes that the prolonged usage of a sling or, by analogy, the posture shirt at issue here for symptom controlled purposes is deemed "not recommended." The Third Edition ACOEM Guidelines Shoulder Chapter also notes that shoulder supports and, by implication, the scapular posture shirt at issue here, are deemed "not recommended" in the chronic shoulder pain context present here. The attending provider failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ACOEM position(s) on the same and did not state how he intended for the applicant to use device and/or how (or if) the device in question could advance the applicant's overall activity level(s) and day-to-day functionality. Therefore, the request was not medically necessary.

**Q Scapular Posture Vest: 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, Immobilization.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 9Table 2. Summary of Recommendations for Managing Shoulder Disorders Not Recommended Slings and shoulder supports for subacute or chronic shoulder pain or mild to moderate acute pain (C).

**Decision rationale:** Similarly, the request for a scapular-posture vest was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that the prolonged usage of a sling and, by implication, the vest in question for system control purposes alone is deemed "not recommended." In a similar vein, the Third Edition ACOEM Guidelines Shoulder Chapter notes that shoulder supports are "not recommended" in the chronic shoulder pain context present here. The attending provider failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ACOEM position(s) on the same. The attending provider did not state how he intended for the applicant to use the shoulder vest in question nor did he state how (or if) said shoulder vest could advance the applicant's overall activity level(s) and day-to-day functionality. Therefore, the request was not medically necessary.