

Case Number:	CM15-0169037		
Date Assigned:	09/09/2015	Date of Injury:	05/31/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina
 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 56 year old male who sustained an industrial injury on 5-31-14. The injured worker was status post right shoulder arthroscopy and reported right wrist and hand discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right shoulder rotator cuff tendon impingement and lumbar spine degenerative disc disease. Medical records dated 6-25-15 did not indicate a pain rating on a scale of 1 out of 10. Provider documentation dated 6-25-15 noted the work status as temporary totally disabled. Treatment has included status post right shoulder arthroscopy (3-13-15), rest, ice, anti-inflammatories, analgesics, right knee magnetic resonance imaging (September 2014), magnetic resonance imaging right shoulder (August 2014) and status post right knee anterior cruciate ligament reconstruction. Objective findings dated 6-25-15 were notable for right shoulder strength 4 out of 5, neurovascular exam intact, well healed arthroscopic portals noted. The original utilization review (8-19-15) denied a Spinal Q postural brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q postural brace: 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 summary.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.