

Case Number:	CM15-0196626		
Date Assigned:	10/12/2015	Date of Injury:	02/12/2007
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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:

This is a 52-year-old male with a date of industrial injury 2-12-2007. The medical records indicated the injured worker (IW) was treated for adhesive capsulitis of the shoulder; complete rupture of the rotator cuff; other affections of the shoulder region not elsewhere classified; rotator cuff sprain and strain; and lack of coordination (scapular dyskinesia). In the progress notes (7-31-15 and 9-11-15), the IW reported anterior and posterior right shoulder pain at rest, and increased pain with movement. He completed physical therapy and was continuing home exercise three times per week. He was taking no medications. He complained of compensatory left shoulder pain. He was not working. On examination (9-11-15 notes), active range of motion of the right shoulder was 80%, with painful arc of motion in abduction greater than forward flexion. Moderate scapular dyskinesia was still noted. Passive range of motion in the supine position showed 160 degrees of forward flexion and abduction with moderately stiff and guarded endpoints. With the shoulder abducted to 90 degrees, there was 60 degrees internal rotation and 75 degrees of external rotation with moderately stiff and guarded endpoints. There was also moderately painful positive impingement and mildly positive Yergason with tenderness to palpation of the bicipital groove. Adson's was negative. An injection of Kenalog and Marcaine was given in the right shoulder. Treatments included right shoulder surgery (2013), injection, physical therapy and home exercise. The treatment plan included use of a Spinal Q vest for scapular dyskinesia to facilitate strengthening of the rotator cuff muscles to restore proper shoulder mechanics and continuing home exercise program. A Request for Authorization dated 9-1-15 was received for a Spinal Q Vest and a posture shirt. The Utilization Review on 9-30-15 non-certified the request for a Spinal Q Vest and a posture shirt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q 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 (ODG)-TWC: ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna policy: spine and scapula stabilizing brace.

Decision rationale: The requested Spinal Q Vest, is not medically necessary. CA MTUS 2009 ACOEM and ODG Guidelines are silent on these specific issues. Therefore, other evidence-based medical treatment guidelines have been consulted. Aetna considers spine and scapula stabilizing brace "experimental and investigational because of insufficient evidence of its effectiveness." The injured worker has anterior and posterior right shoulder pain at rest, and increased pain with movement. He completed physical therapy and was continuing home exercise three times per week. He was taking no medications. He complained of compensatory left shoulder pain. He was not working. On examination (9-11-15 notes), active range of motion of the right shoulder was 80%, with painful arc of motion in abduction greater than forward flexion. Moderate scapular dyskinesis was still noted. Passive range of motion in the supine position showed 160 degrees of forward flexion and abduction with moderately stiff and guarded endpoints. With the shoulder abducted to 90 degrees, there was 60 degrees internal rotation and 75 degrees of external rotation with moderately stiff and guarded endpoints. There was also moderately painful positive impingement and mildly positive Yergason with tenderness to palpation of the bicipital groove. Adson's was negative. In the absence of support from the medical literature, and based on the currently available information, the medical necessity for this DME has not been established. The criteria noted above not having been met, Spinal Q Vest is not medically necessary.

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 (ODG) - TWC: ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna policy: spine and scapula stabilizing brace.

Decision rationale: The requested Posture shirt, is not medically necessary. CA MTUS 2009 ACOEM and ODG Guidelines are silent on these specific issues. Therefore, other evidence-based medical treatment guidelines have been consulted. Aetna considers spine and scapula stabilizing brace "experimental and investigational because of insufficient evidence of its effectiveness." The injured worker has anterior and posterior right shoulder pain at rest, and increased pain with movement. He completed physical therapy and was continuing home exercise three times per week. He was taking no medications. He complained of compensatory left shoulder pain. He was not working. On examination (9-11-15 notes), active range of motion of the right shoulder was 80%, with painful arc of motion in abduction greater than forward flexion. Moderate scapular dyskinesis was still noted. Passive range of motion in the

supine position showed 160 degrees of forward flexion and abduction with moderately stiff and guarded endpoints. With the shoulder abducted to 90 degrees, there was 60 degrees internal rotation and 75 degrees of external rotation with moderately stiff and guarded endpoints. There was also moderately painful positive impingement and mildly positive Yergason with tenderness to palpation of the bicipital groove. Adson's was negative. In the absence of support from the medical literature, and based on the currently available information, the medical necessity for this DME has not been established. The criteria noted above not having been met, Posture shirt is not medically necessary.