

Case Number:	CM15-0199983		
Date Assigned:	10/15/2015	Date of Injury:	09/01/2005
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 9-1-05. A review of the medical records indicates she is undergoing treatment for rotator cuff sprain and strain, adhesive capsulitis of the shoulder, bilateral subacromial impingement of bilateral shoulders - affecting right greater than left, and lack of coordination. Medical records (9-21-15) indicate ongoing complaints of right shoulder pain. She states that her pain is "unchanged and fairly constant throughout the day". She rates the pain "4-5 out of 10" when at home and not using her arm and "7-8 out of 10" while at work. She reports that her left arm has improved with physical therapy. The physical exam (9-21-15) reveals "moderately painful" active range of motion of the right shoulder with abduction to 110 degrees and forward flexion 130 degrees. The treating provider indicates that range of motion "demonstrates internal rotation contracture of approximately 20-25 degrees". Positive impingement testing is noted. The left shoulder demonstrates "90% active and passive range of motion with a mildly painful arc". The treating provider states "she demonstrates an internal rotation contracture of approximately 5 degrees". Diagnostic studies have included an MRI of the left shoulder on 4-18-15 (9-3-15). Treatment has included physical therapy, a support brace for her right elbow (private purchase), and medications (9-3-15). An injection of Kenalog and Marcaine was administered into the right shoulder on 9-21-15. Treatment recommendations include use of ice, rest, and continuation of physical therapy and Ibuprofen. A prescription for Naproxen Sodium 550mg twice daily was given, as well as a prescription for a Spinal-Q posture shirt and vest (9-21-15). The utilization review (9-29-15) includes requests for authorization for a Spinal-Q vest and posture shirt, a

prescription for Naproxen Sodium 550mg #120, as well as for the Kenalog and Marcaine injection to the right shoulder. The Spinal-Q vest, posture shirt, and Naproxen Sodium were denied.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, IntelliSkin posture garments.

Decision rationale: The patient presents with ongoing complaints of right shoulder pain. The current request is for Spinal Q Vest. The treating physician states, in a report dated 09/21/15, "The patient was sized for a Spinal-Q posture shirt and vest, size large, to be worn at 3-4 times a day as directed today to regaining her normal shoulder kinematics." (226B) The MTUS guidelines are silent on posture shirts and vests. ODG guidelines state, "Not recommended as a treatment for shoulder pain. IntelliSkin posture garments conform to the back and shoulder as a second skin, intended to gradually reshape these areas for improved posture, athletic performance, and less back pain, according to marketing materials. There are no quality published studies to support these claims." In this case, the treating physician, based on the records available for review, states "This product will compliment Physical Therapy, and help patients return to work and activities of daily living. This item is a necessity for my patient and I am requesting this as a covered DME supply for my patient." (223B) Posture garments are currently not supported by any medical guidelines and ODG specifically states that IntelliSkin posture garments (similar to the Spinal-Q products) are not supported. The current request is not medically necessary.

Posture Shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, IntelliSkin posture garments.

Decision rationale: The patient presents with ongoing complaints of right shoulder pain. The current request is for a Posture Shirt. The treating physician states, in a report dated 09/21/15, "The patient was sized for a Spinal-Q posture shirt and vest, size large, to be worn at 3-4 times a day as directed today to regaining her normal shoulder kinematics." (226B) The MTUS guidelines are silent on posture shirts and vests. ODG guidelines state, "Not recommended as a treatment for shoulder pain. IntelliSkin posture garments conform to the back and shoulder as a second skin, intended to gradually reshape these areas for improved posture, athletic

performance, and less back pain, according to marketing materials. There are no quality published studies to support these claims." In this case, the treating physician, based on the records available for review, states "This product will compliment Physical Therapy, and help patients return to work and activities of daily living. This item is a necessity for my patient and I am requesting this as a covered DME supply for my patient." (223B) Posture garments are currently not supported by any medical guidelines and ODG specifically states that IntelliSkin posture garments (similar to the Spinal-Q products) are not supported. The current request is not medically necessary.

Naproxen Sodium 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with ongoing complaints of right shoulder pain. The current request is for a Naproxen Sodium 550mg #120. The treating physician states, in a report dated 09/21/15, "Begin naproxen sodium 550mg twice a day. #120 dispensed today." (226B) MTUS guidelines pg 22 do recommend NSAIDs, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." However, the patient has been on 600mg of Ibuprofen where it is noted that "the pain is unchanged and is fairly constant throughout the day and rates it as a 4-5/10 when she is at home and not using her arm and rates it as a 7-8/10 while at work primarily with her right shoulder." MTUS on page 60 requires documentation of pain and function with chronic pain medication usage. There is no documentation of functional improvement or pain relief with the prior usage of Naproxen. The current request is not medically necessary.