

Case Number:	CM15-0207357		
Date Assigned:	10/26/2015	Date of Injury:	04/03/2009
Decision Date:	12/07/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/21/2015

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: Arizona, 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 52 year old female, who sustained an industrial-work injury on 4-3-09. She reported initial complaints of right shoulder pain. The injured worker was diagnosed as having status post left shoulder surgery on 1-19-15, tear supraspinatus of right shoulder, cervical spondylosis at C5-6 with foraminal stenosis, impending adhesive capsulitis left shoulder, and calcific tendinitis of left shoulder. Treatment to date has included medication, surgery (bilateral shoulders), and diagnostics. Currently, the injured worker complains of worsening symptoms to the right shoulder with pain rated 7 out of 10 and postural issues and resultant fatigue. Medication facilitates maintenance of ADL's (activities of daily living) and function. Medication includes Hydrocodone and Tramadol. Per the primary physician's progress report (PR-2) on 9- 17-15, exam noted no signs of infection to left shoulder, left shoulder has swelling of the left deltoid musculature-shoulder, atrophy left deltoid, positive impingement signs. Right shoulder had diffuse tenderness, decreased range of motion, positive Jobe test, and crepitanace with kyphosis in upper thoracic spine. Current plan of care includes a TLSO (thoracolumbar sacral orthosis) to address postural issues. The Request for Authorization requested service to include Aligned S3- spinal Q brace. The Utilization Review on 10-10-15 partially modified denied the request for Aligned S3- spinal Q brace.

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: 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).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Initial Care.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. Length of use was not specified. The use of a spinal Q back brace is not medically necessary.