

<b>Case Number:</b>	CM15-0209155		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 46 year old who sustained an industrial injury on 7-11-2012. A review of medical records indicates the injured worker is being treated for status post left shoulder arthroscopy, rotator cuff tendinopathy-calcific tendinitis left shoulder, right shoulder rotator cuff tear supraspinatus-acromioclavicular osteoarthropathy, and rule out upper extremity compression neuropathy. Medical records dated 9-17-2015, noted 7 out of 10 shoulder pain and a 5 out of 10 right shoulder pain. Medications facilitate maintenance of activities of daily living and improve function. Physical examination noted tenderness to the left shoulder. There was crepitation with range of motion. Flexion was 80 degrees, extension 70 degrees, external rotation 40 degrees, and internal rotation 40 degrees. There was swelling to the left shoulder. There was atrophy of the left shoulder. Treatment has included tramadol, physical therapy, and cyclobenzaprine. Utilization Review form dated 10-16-2015 noncertified AlignMed S-3 Spinal Q TLSO (thoracolumbosacral orthosis) brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q TLSO (thoracolumbosacral orthosis) 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) Treatment in Workers' Compensation (TWC): Shoulder Procedure Summary Online Version last updated 09/08/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (Acute & Chronic), IntelliSkin posture garments, ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Alignmed posture garments, ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Posture garments.

**Decision rationale:** The CA MTUS is relatively silent concerning posture garments; however, according to the cited ODG, posture garments (e.g. AlignMed) are not recommended as a treatment for shoulder or back pain. Posture garments conform to the back and shoulders as a second skin, and are intended to gradually reshape those areas for improved posture, athletic performance, and pain reduction. However, there are no quality published studies to support these claims per the ODG. According to the available records, the injured worker has not failed to respond to current therapies and posture garments are not recommended. Therefore, the request for AlignMed S-3 Spinal Q TLSO (thoracolumbosacral orthosis) brace is not medically necessary and appropriate.