

<b>Case Number:</b>	CM15-0212783		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Massachusetts

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

### 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 55 year old female who sustained an industrial injury on 6-22-2007. A review of medical records indicates the injured worker is being treated for sprain of right rotator cuff capsule, subsequent encounter, adhesive capsulitis of the right shoulder, impingement syndrome of the right shoulder, other lack of coordination, and hypertrophic scar. Medical records dated 10-16-2015 noted she is status post arthroscopy correction on 5-19-2011 and right scar revision on 4-3-2015. She has done very well with range of motion, but still has some pain with overhead activities. She complains of painful keloid scars. Physical examination of the right shoulder demonstrated near full active and passive range of motion. She had 15 degrees of external rotation contracture and 15-20 degrees and rotation contracture with mild scapular dyskinesia. There was mild impingement painful arc. She has scars about the right shoulder a 2 cm keloid scar superiorly at the level of the AC joint. One anterior to centimeter keloid scar and one posterior 3cm keloid scar. Treatment has included surgical intervention. Utilization review forms dated 10-28-2015 noncertified continue care exercise kit, spinal Q scapular posture vest, and Scapular posture shirt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue care exercise kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Home exercise kits.

**Decision rationale:** The claimant sustained a work injury in June 2007. She underwent right shoulder surgery in May 2011 and keloid scar revision April 2015 and a right third finger trigger release and bilateral thumb injections in April 2015. When seen in October 2015 she had done reasonably well with shoulder range of motion but still had some pain with overhead activities. She had painful keloid scars. Physical examination findings included nearly full active and passive shoulder range of motion. There was a mild contracture. There was mild impingement and a mildly painful arc. There was decreased supraspinatus strength with mild pain. Recommendations included a continued home exercise program using an exercise kit and use of heat and stretching. A posture brace and posture shirt were prescribed. An exercise kit as part of a self-directed home exercise program for the shoulder is recommended. Components such as a home pulley system and [REDACTED] can be used for range of motion and strengthening which can be performed as often as needed/appropriate and without requiring ongoing skilled therapy. However, in this case, the content of the kit are not specified. For this reason, the request is not medically necessary.

**Spinal Q Scapular Posture Vest and Scapular Posture Shirt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Manipulative Physiol Ther. 2014 Jul-Aug;37 (6): 441-7.

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

**Decision rationale:** The claimant sustained a work injury in June 2007. She underwent right shoulder surgery in May 2011 and keloid scar revision April 2015 and a right third finger trigger release and bilateral thumb injections in April 2015. When seen in October 2015 she had done reasonably well with shoulder range of motion but still had some pain with overhead activities. She had painful keloid scars. Physical examination findings included nearly full active and passive shoulder range of motion. There was a mild contracture. There was mild impingement and a mildly painful arc. There was decreased supraspinatus strength with mild pain. Recommendations included a continued home exercise program using an exercise kit and use of heat and stretching. A posture brace and posture shirt were prescribed. Posture garments such as the Spinal Q posture brace are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not medically necessary.