

Case Number:	CM15-0217351		
Date Assigned:	11/09/2015	Date of Injury:	05/16/2015
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This injured worker is a 54-year-old male, who sustained an industrial injury on 05-16-2015. The injured worker was diagnosed as having completed rupture of rotator cuff, adhesive capsulitis of shoulder, other affections shoulder regions and lack of coordination. On medical records dated 09-25-2015, the subjective complaints were noted as left shoulder pain, stiffness and weakness. Objective findings were noted as left shoulder painful range of motion was noted, positive impingement and moderate scapular dyskinesia was noted. Treatment to date included surgical intervention and medication. Current medications were listed as Amlodipine, bisoprolol fumarate, Dulera, hydrochlorothiazide and Prilosec. The Utilization Review (UR) was dated 10-20-2015. A Request for Authorization was dated 09-25-2015. The UR submitted for this medical review indicated that the request for spinal Q scapular posture vest purchase and scapula posture shirt size large purchase was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q scapular posture vest- purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, and Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Low Back Complaints 2004, Section(s): Physical Methods, Activity.

Decision rationale: According to the ACOEM guidelines, 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. Indefinite use is not indicated. The purchase of a scapular vest is not medically necessary.

Scapular posture shirt, size large-purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Physical Methods, 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. The use of a scapular support is not medically necessary and therefore the associated vest is not necessary.