

Case Number:	CM15-0036534		
Date Assigned:	03/05/2015	Date of Injury:	05/12/2010
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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

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 51 year old female, who sustained an industrial injury on May 12, 2011. The diagnoses have included joint pain shoulder region, other specified aftercare following surgery and stiffness of joint not elsewhere classified shoulder region. A progress note dated January 19, 2015 provided the injured worker complains of right shoulder pain rated 2/10 since right shoulder torn rotator cuff repair. She has had 19 physiotherapy visits. On January 21, 2015 utilization review non-certified a request for spinal Q postural brace (right shoulder). The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Postural Brace (right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, IntelliSkin website www.posturebraceguide.com/product-review-of-the-aligned-posture-shirt.

Decision rationale: This patient presents with right shoulder interstitial tendonitis of the rotator cuff. The current request is for SPINAL Q POSTURAL BRACE-RIGHT SHOULDER. The Request for Authorization is not provided in the medical file. According to www.posturebraceguide.com/product-review-of-the-aligned-posture-shirt, "The posture shirt is created from material (77% polyester, 23% spandex) and provides the added benefit of posture assistant by incorporating a patented posture correcting system into the shirt while making them 4-inch longer than a standard compression shirt." The ACOEM and MTUS Guidelines do not discuss posture shirts. The ODG Guidelines under the lumbar chapter does discuss IntelliSkin posture garments, which are similar to the spinal Q posture shirt. ODG Guidelines states, "Not recommended as a treatment for back 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." Posture garments are currently not supported by any medical guidelines and ODG specifically states that IntelliSkin posture garments are not supported. This request IS NOT medically necessary.