

<b>Case Number:</b>	CM15-0043599		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 45-year-old female who reported an injury on 11/05/2013. The mechanism of injury was the injured worker was on the train and walking up from 1 level of the train to the 1 above. The injured worker was going up steps holding her citation book under the left arm as she held onto the rail with her right hand. The train was traveling at 30 mph to 40 mph and as it switched tracks, there was a sudden jolt which caused the injured worker to lose her balance and fall backwards down some steps. Prior therapies included an immobilizer for her left shoulder, physical therapy, medications, MRI, and a left shoulder arthroscopic surgery on 03/20/2014. The injured worker was noted to have right shoulder pain due to use since the left shoulder had been operated on. The documentation of 11/19/2014 was noted to be an Agreed Medical Evaluation. The injured worker had current complaints of left shoulder pain with aching and throbbing. The injured worker had pain in the right shoulder with any use of the right shoulder. The injured worker had difficulty sleeping. The injured worker was noted to have muscle spasms on the left scapula, rhomboid, and trapezius. There was tenderness on the left shoulder, left upper trapezius, and left supraspinatus. The injured worker had no shoulder impingement. The lift off test was painful on the left. There was no instability of the sternoclavicular or acromioclavicular joint bilaterally. Shoulder contour was normal. Motor power was normal. Reflexes were normal. There were complaints of paresthesia on the left at C7-8 and T1. X-rays were taken of the cervical spine, right shoulder, and left shoulder. The diagnoses included status post left shoulder arthroscopy with rotator cuff repair, postoperative adhesive capsulitis of the left shoulder greatly improved with physical therapy, and a history of lupus. It was noted future medical treatment should include physical therapy. There was no physician documentation requesting a spinal Q postural brace purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q Postural Brace Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Summary, Intelliskin Posture Garments and [http://www.mbracedirect.com/spinal\\_q\\_rehab\\_jacket.php](http://www.mbracedirect.com/spinal_q_rehab_jacket.php).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide the documentation requesting the Q brace and the rationale. Given the above, the request for spinal Q postural brace purchase is not medically necessary.