

<b>Case Number:</b>	CM15-0050485		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 56 year old female, who sustained an industrial injury on 2/9/2005. She reported a mechanical fall with pain experienced in the neck, shoulder and back. Diagnoses include bilateral shoulder impingement syndrome, cervical disc degeneration, myofascial pain of neck and back, chronic pain in left pelvic/hip/knee and depression and left TMJ syndrome. She is status post right shoulder surgery 2008, left shoulder surgery 2005, left shoulder revision 2008, right shoulder surgery 2013, and cervical fusion 2006. Treatments to date include medication therapy, physical therapy, home exercises, and steroid injection and epidurals. Currently, they complained of bilateral shoulder pain. On 2/20/15, the provider documented left proximal tibia osteochondroma excised complicated post operatively with DVT and PE and currently treated with oral anti-coagulation therapy. The physical examination documented decreased range of motion bilateral, positive impingement test with tenderness on palpation bilaterally. The plan of care included progressive rotator cuff strengthening exercises, ice, and a posture shirt for spinal alignment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posture shirt (bilateral shoulders): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, IntelliSkin posture garments.

**Decision rationale:** The patient was injured on 12/08/04 and presents with bilateral shoulder pain. The request is for a POSTURE SHIRT (BILATERAL SHOULDERS). The RFA is dated 02/23/15 and the patient's work status is not known. The report with the request is not provided nor is there any discussion provided regarding this request. Regarding posture garments, ODG states they are not recommended as a treatment for shoulder pain. ODG states: IntelliSkin 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 pain, according to marketing materials. There are no quality published studies to support these claims. In this case, the patient is diagnosed with bilateral shoulder impingement syndrome, cervical disc degeneration, myofascial pain of neck and back, chronic pain in left pelvic/hip/knee and depression and left TMJ syndrome. Posture garments are currently not supported by any medical guidelines and ODG specifically states that IntelliSkin posture garments are not supported. The requested posture shirt IS NOT medically necessary.