

Case Number:	CM15-0053625		
Date Assigned:	03/27/2015	Date of Injury:	11/19/2013
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
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:

The 51 year old male injured worker suffered an industrial injury on 11/19/2013. The diagnoses included external impingement of the right shoulder, anterior labral tear of the right shoulder. The diagnostics included right shoulder magnetic resonance imaging and x-rays of the right elbow. The injured worker had been treated with right shoulder arthroscopy and physical therapy. On 1/15/2015 the treating provider reported limitations of the right shoulder in regard to mobility and strength with achiness and stiffness along with some pain. The right elbow had achiness, stiffness and pain with numbness radiating down to the hand. There was tenderness of the elbow. The treatment plan included Spinal Q Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 205; 26. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Posture garments.

Decision rationale: The request is considered not medically necessary. MTUS does not address the use of posture garments so ODG guidelines were referenced. According to ODG, posture garments are not recommended. It is used more for back support than for the shoulder complaints the patient has. There are no published studies to support the claim of improved posture and less back pain. It does not address the use of these garments for the patient's shoulder diagnosis. Therefore, the request is considered not medically necessary.