

Case Number:	CM15-0059365		
Date Assigned:	04/03/2015	Date of Injury:	04/12/1999
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66 year old male, who sustained an industrial injury on 4/12/1999. Diagnoses include bilateral shoulder impingement syndrome status post multiple surgeries, chronic cervicgia, cervical degenerative disc disease status post fusion (2001), cervical radiculitis, and relevant past history of diabetes mellitus, gout, hypertension, diabetic neuropathy, hypothyroidism, sleep apnea, morbid obesity and depression/anxiety. Treatment to date has included multiple surgical interventions including rotator cuff repair for the right shoulder (undated) and spinal fusion (2001), diagnostics, injections, medications, cervical traction, exercises, consultations and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported acute onset of pain in the right shoulder. Physical examination of the shoulders revealed positive impingement signs bilaterally with positive supraspinatus motor testing. Cervical spine examination revealed tenderness to palpation at the lower cervical spine and bilateral lower cervical paraspinal regions extending into the bilateral trapezius. The plan of care included, and authorization was requested for purchase of a Spinal Q vest with posture vest for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Spinal Q vest with posture vest for bilateral shoulders as an outpatient:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acoempracguide.org/shoulder>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: This 66 year old male has complained of neck pain and shoulder pain since date of injury 11/12/99. He has been treated with surgery, injections, physical therapy and medications. The current request is for Purchase of Spinal Q vest with posture vest for bilateral shoulders as an outpatient. Per the ACOEM Guidelines cited above, a Spinal Q vest with posture vest for the bilateral shoulders is not a recommended therapy. Based on the available medical records and per the ACOEM Guidelines cited above, Spinal Q vest with posture vest for the bilateral shoulders is not medically necessary.