MAXIMUS Federal Services

Case Number:	CM15-0059871		
Date Assigned:	04/06/2015	Date of Injury:	12/08/2004
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57 year old female, who sustained an industrial injury on 12/08/2004. The injured worker was diagnosed as having adhesive capsulitis of shoulder and other affections of shoulder region, not elsewhere classified. Treatment to date has included diagnostics, right shoulder surgery in 2008 and 2013, left shoulder surgery in 2005 and 2008, cervical spine fusion surgery in 2006, physical therapy, injections, home exercise program, and medications. Currently, the injured worker complains of increased bilateral shoulder pain from being on crutches. She reported pain with attempted activities with both shoulders, right greater than left. The treatment plan included a Spinal Q vest for use as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q-Vest (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 (ODG), Treatment Index, 13th Edition (web), 2015, Knee and Leg, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, spinal Q vest (bilateral shoulders) is not medically necessary. The spinal Q vest is marketed for poor posture, rotator cuff injuries, slap tears, osteoporosis, spine conditions such as vertebral fracture recovery and back pain. DME is defined as equipment, which can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are adhesive capsulitis shoulder; and other affectations shoulder region. The documentation shows the injured worker had shoulder surgeries on November 3, 2005, May 6, 2008; and May 28, 2013. The treating orthopedist prescribed a spinal Q medium vest be used and worn as directed. There is no clinical rationale in the medical record for the vest (DME). Additionally, the vest does not meet the DME definition outlined above. DME is primarily and customarily used to serve the medical purpose. This vest may be used in nonmedical situations and in situations in the absence of illness or injury (bad posture). Consequently, absent clinical documentation with a clinical rationale and absent guideline definitions for durable medical equipment, spinal Q vest (bilateral shoulders) is not medically necessary.