

<b>Case Number:</b>	CM15-0062159		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69 year old male who sustained a work related injury October 19, 2013. Past history included left hand surgery October, 2013, and left shoulder arthroscopic capsular release with coplanar claviculoplasty, August, 2014. According to a treating physician's office visit progress notes, dated March 5, 2015, the injured worker presented with ongoing complaints of pain and stiffness in his left shoulder. He has received Kenalog and Marcaine injection, left subacromial space, October 7, 2014, with temporary relief, left glenohumeral joint injection October 31, 2014, with 2-3 week improvement and left long head of the biceps tendon sheath injection January 13, 2015, with 3 weeks of pain relief. Diagnoses included adhesive capsulitis of shoulder; rotator cuff sprain/strain; lack of coordination/scapular dyskinesia. Treatment plan included left subacromial space injection with Kenalog and Marcaine, request for a Spinal-Q posture brace, medication, continue physical therapy, and continue home exercise preceded and followed by ice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal vest 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 (ODG), Low back, Lumbar supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, under Orthopedic vests.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding forms of orthopedic vests, the ODG notes in the Back section: Not recommended. There is minimal evidence to support the use of this device at this time. This pneumatic vest was designed to potentially provide support-stabilization and decompression (when worn for 60 minutes 3 times a week for 5 weeks). The device appears to work by reducing internal disc pressure. It was noted that the pneumatic vest was not indicated for all patients. The request is appropriately not medically necessary, because it has not been shown to be effective.

**Posture shirt 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 (ODG), Low back, Lumbar supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, orthopedic vests.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding forms of orthopedic vests, the ODG notes in the Back section: Not recommended. There is minimal evidence to support the use of this device at this time. This pneumatic vest was designed to potentially provide support-stabilization and decompression (when worn for 60 minutes 3 times a week for 5 weeks). The device appears to work by reducing internal disc pressure. It was noted that the pneumatic vest was not indicated for all patients. The request is appropriately not medically necessary, because it has not been shown to be effective.