

<b>Case Number:</b>	CM15-0079546		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/28/2005
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 York

Certification(s)/Specialty: Emergency 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 54 year old male, who sustained an industrial injury on April 28, 2005. He has reported neck pain and shoulder pain. Diagnoses have included rotator cuff sprain/strain, adhesive capsulitis of the shoulder, cervical spine degeneration, and lack of coordination. Treatment to date has included medications, home exercise, right shoulder surgery, cervical spine fusion, and imaging studies. A progress note dated March 13, 2015 indicates a chief complaint of increasing neck pain radiating to the bilateral shoulders with numbness. The treating physician documented a plan of care that included S-3 Spinal Q Brace/Vest purchase and posture shirt purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**S-3 SpinalQ Brace/Vest purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter,

Posture garments, Aligned posture garments, Intelliskin posture garments and Other Medical Treatment Guidelines Aetna, Orthopedic Casts, Braces and Splints, Number: 0009, Policy: The Spine and Scapula Stabilizing Brace (the S3 Brace).

**Decision rationale:** The MTUS does not address the S3 brace or similar kinds of bracing. The Official Disability Guidelines recommend against this and similar bracing systems due to the lack of "quality published studies". An evidence-based, national guideline (Aetna cited above) notes the lack of medical evidence to support this device and classifies it as experimental and investigational. The treating physician has not provided any specific medical evidence in support of this device. Given the lack of good medical evidence for the S3 brace, it is not medically necessary.

**Posture shirt purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter, Posture garments, Aligned posture garments, Intelliskin posture garments and Other Medical Treatment Guidelines Aetna, Orthopedic Casts, Braces and Splints, Number: 0009, Policy: The Spine and Scapula Stabilizing Brace (the S3 Brace).

**Decision rationale:** The MTUS does not address the S3 brace or similar kinds of bracing. The Official Disability Guidelines recommend against this and similar bracing systems due to the lack of "quality published studies". An evidence-based, national guideline (Aetna, cited above) notes the lack of medical evidence to support this device and classifies it as experimental and investigational. The treating physician has not provided any specific medical evidence in support of this device. Given the lack of good medical evidence, the S3 brace and the associated shirt are not medically necessary.