

Case Number:	CM15-0081006		
Date Assigned:	05/01/2015	Date of Injury:	04/11/2014
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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, West Virginia, Pennsylvania
 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 43 year old male who sustained an industrial injury on 04/11/2014. Diagnoses include subacromial bursitis and impingement, partial rotator cuff tear, labral tear, glenohumeral synovitis and acromioclavicular synovitis and arthritis; status post left shoulder diagnostic and operative arthroscopy on 12/06/2014. Treatment to date has included diagnostic studies, surgery, medications, and physical therapy. A physician progress note dated 03/09/2015 documents the injured worker is making good progress. His range of motion has returned to his baseline however his is still experiencing deficits regarding his strength. He also has some residual achiness, stiffness and pain in his shoulder especially upon repetitive overhead activities as well as some easy fatigability. Range of motion is 0-170 degrees of forward flexion and abduction. Strength is noted to be 3/5. Treatment requested is for Spinal Q postural brace purchase for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q postural brace purchase for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend brief use of a sling/brace during the acute period for symptoms of severe rotator cuff pathology for up to 3 weeks. The requested brace is a postural device and is still considered investigational. The request for a Spinal Q Postural Brace purchase for the left shoulder is not medically necessary.