

Case Number:	CM15-0083097		
Date Assigned:	05/05/2015	Date of Injury:	10/21/2013
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old female who sustained an industrial injury on 10/21/2013. Diagnoses include right shoulder pain, status post right rotator cuff repair with re-tear, subscapularis tear, Type 2 superior labrum anterior and posterior, and arthrofibrosis of the right shoulder. She sustained the injury while she was lifting a client into a vertical position in a wheelchair. Per the most recent physician progress note dated 01/29/2015 she had complaints of right shoulder pain. Physical examination revealed active abduction and forward flexion to less than 90 degrees; very resistant movement greater than 90 degrees; positive Hawkins' and positive Neer's, positive O'Brien's and positive Speed test; tenderness to palpation over the anterior insertion of the supraspinatus as well as in the biceps interval. The medications list includes xopenex, inhalers and atrovent. She has had the Magnetic Resonance Imaging dated 10/29/2013 which revealed a partial tear of the subscapularis, infraspinatus tear, re-tear of the supraspinatus tearing, and a SLAP lesion. She has undergone cervical spine surgery on 01/02/2015, and right rotator cuff repair in 1/2005. She has had physical therapy, and activity modifications, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Vest: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: Request: Spinal Q Vest Spinal Q vest is requested to support upper back. Per the ACOEM guidelines regarding spinal support "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, preinjury activities. There is no high grade scientific evidence to support the use of Spinal Q vest for this diagnosis. Response to other conservative therapy including pharmacotherapy was not specified in the records provided. The medical necessity of Spinal Q Vest is not fully established for this patient.

Posture shirt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: Request: Posture shirt Posture shirt is requested to support upper back. Per the ACOEM guidelines regarding spinal support "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, preinjury activities." There is no high grade scientific evidence to support the use of Posture shirt for this diagnosis. Response to other conservative therapy including pharmacotherapy was not specified in the records provided. The medical necessity of Posture shirt is not fully established for this patient.