

Case Number:	CM15-0083724		
Date Assigned:	05/05/2015	Date of Injury:	09/01/2009
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old female who sustained an industrial injury on September 1, 2009. She has reported injury to the left shoulder and has been diagnosed with capsulitis, strain of rotator cuff capsule, and impingement syndrome of shoulder region. Treatment has included surgery, physical therapy, a home exercise program, hot pack, electrical stimulation, medications, and activity restriction. It was noted that medications help reduce the pain by 30-50%. Examination showed cervical range of motion was within normal limits, forward raise and lateral abduction were 60% restricted. MRI of the left shoulder dated February 4, 2015 showed tendinosis with a small partial thickness rim-rent tear of the posterior fibers of the infraspinatus tendon. The treatment request included a spinal Q vest-purchase and posture shirt-purchase left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q-Vest purchase and posture shirt purchase, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acute and Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, posture garments and Other Medical Treatment Guidelines
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Spinal+Q+Postural+Brace>.

Decision rationale: Regarding the request for Spinal Q Vest, ACOEM states that a sling/brace may be used for a brief period following severe rotator cuff pathology. A search of the National Library Of Medicine revealed no peer-reviewed scientific literature supporting the use of Spinal Q Postural Brace for the treatment of any medical diagnoses. Additionally, back supports are not recommended for the treatment of any of this patient's diagnoses. The requesting physician has not provided any substantial peer-reviewed scientific literature supporting the use of this treatment modality for his patient's diagnoses. As such, the currently requested Spinal Q Vest is not medically necessary. Regarding the request for a posture garment, California MTUS and ACOEM do not contain criteria for this request. ODG states that posture garments are not recommended for shoulder pain. As such, the currently requested posture garment is not medically necessary.