MAXIMUS Federal Services

Case Number:	CM15-0236487		
Date Assigned:	12/11/2015	Date of Injury:	10/13/2014
Decision Date:	01/20/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/03/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old, female who sustained a work related injury on 10-13-14. A review of the medical records shows she is being treated for right shoulder pain. In the Initial New Patient Comprehensive Consultation dated 11-2-15, the injured worker reports right shoulder pain, stiffness and weakness. She reports worsening right shoulder pain. She has pain with activities. Upon physical exam dated 11-2-15, she has 80% active and 90% passive range of motion with a 30 degree internal rotation contracture with pain at the endpoints in right shoulder. She has painful arc of motion abduction. She was given a right shoulder injection at this visit. Treatments have included 5 sessions of physical therapy-no improvement, right shoulder cortisone injection 7-23-15=3 weeks pain relief, electrical muscle stimulation, and medications. Current medications include-not listed. She is working full time. The treatment plan includes home exercises, formal physical therapy, prescriptions for Anaprox and Flurbiprofen compound cream, and a prescription for a Spinal Q vest and posture shirt. The Request for Authorization dated 11-13-15 has requests for a Spinal Q Vest and Posture shirt. In the Utilization Review dated 11-25-15, the requested treatments of a Spinal Q Vest and a Posture Shirt are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posture shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/pmc/articles/PMC3805011/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), IntelliSkin posture garments (2) Low Back - Lumbar & Thoracic (Acute & Chronic, Posture garments.

Decision rationale: The claimant sustained a work injury in October 2014 when, while unloading a pallet, she developed right shoulder pain. She had five sessions of physical therapy and underwent a cortisone injection in July 2015 with three weeks of pain relief. She was seen for an initial evaluation by the requesting provider on 11/02/15. She was having pain with overhead activities and with activities of daily living and at night. Physical examination findings included decreased and painful shoulder range of motion. Impingement testing was positive. There was decreased rotator cuff strength with moderate pain during testing. There was mild to moderate scapular dyskinesia. There was no scapular winging. X-rays were obtained under fluoroscopy showing findings of mild to moderate acromioclavicular joint degeneration. An MRI was reviewed with findings including tendinosis and calcific tendinitis. A subacromial injection was performed. A home exercise kit was provided. Anaprox and topical Flurbiprofen were prescribed. She was referred for physical therapy. A Spinal Q Vest and Posture Shirt were provided. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not considered medically necessary.

Spinal Q vest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/pmc/articles/PMC3805011/.

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-Lumbar & Thoracic (Acute & Chronic, Posture garments.

Decision rationale: The claimant sustained a work injury in October 2014 when, while unloading a pallet, she developed right shoulder pain. She had five sessions of physical therapy and underwent a cortisone injection in July 2015 with three weeks of pain relief. She was seen for an initial evaluation by the requesting provider on 11/02/15. She was having pain with overhead activities and with activities of daily living and at night. Physical examination findings included decreased and painful shoulder range of motion. Impingement testing was positive. There was decreased rotator cuff strength with moderate pain during testing. There was mild to moderate scapular dyskinesia. There was no scapular winging. X-rays were obtained under

fluoroscopy showing findings of mild to moderate acromioclavicular joint degeneration. An MRI was reviewed with findings including tendinosis and calcific tendinitis. A subacromial injection was performed. A home exercise kit was provided. Anaprox and topical Flurbiprofen were prescribed. She was referred for physical therapy. A Spinal Q Vest and Posture Shirt were provided. Posture garments such as the Spinal Q posture brace are not recommended. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. The request is not considered medically necessary.