MAXIMUS Federal Services

Case Number:	CM14-0146284		
Date Assigned:	09/12/2014	Date of Injury:	06/06/2012
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 27-year-old female with a 6/6/12 date of injury who is status post left shoulder arthroscopic decompression and distal clavicle resection in February 2013. A utilization review dated 8/15/14 denied the request for a Spinal Q Brace. At that time, there are documented subjective complaints of no long term symptomatic relief following surgery and pain and discomfort with paresthesia, numbness, and tingling in left shoulder. Objective findings listed were full range of motion of the cervical spine and shoulders bilaterally, 5/5 strength of bilateral shoulders, and positive Neer and Hawkin's signs. Imaging records include an MRI report of the left shoulder with arthrogram (6/10/14) revealing infraspinatus partial tendon tear. The current diagnosis is listed as left acromioclavicular joint posttraumatic arthrosis, and treatment to date has included surgery, physical therapy, and injections. According to the medical report, the S3 Spinal Q Brace as a functional bracing system for all stages of injury and recovery, designed to allow various degrees of tension, which is controlled by each patient to their own comfort level, and it reduces cervical, thoracic, and lumbar back pain, corrects posture, reduces risk of injury, and increases recovery rate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA clinical guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online article http://www.aetna.com/cpb/medical/data/1_99/0009.html

Decision rationale: The MTUS and ODG do not address this issue. The cited medical treatment guideline indicates the Spine and Scapula Stabilizing brace (the S3 brace) is considered experimental and investigational because of insufficient evidence of its effectiveness. Therefore, based on guidelines and a review of the evidence, the request for Spinal Q Brace is not medically necessary.