

Case Number:	CM14-0160791		
Date Assigned:	10/06/2014	Date of Injury:	10/29/2013
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56-year-old male who reported injury on 10/29/2013. The mechanism of injury was due to his arm getting caught in a metal pole attached to a wood telephone pole as it fell. The injured worker had a diagnosis of right shoulder laceration, right knee sprain/strain and rule out meniscus tear, right hip strain, and right medial meniscus tear. Past medical treatment consists of surgery, physiotherapy and medication therapy. No diagnostics were submitted for review. On 05/21/2014, the injured worker complained of shoulder pain. Physical examination revealed that the injured worker had severe palpable tenderness of the right medial joint line, both anterior and posterior horn. Range of motion revealed a flexion of 160 degrees, extension of 60 degrees, exterior rotation of 80 degrees, interior rotation of 80 degrees, abduction of 80 degrees and adduction of 40 degrees. The treatment plan is for the injured worker to continue with postop physiotherapy. Rationale and Request for Authorization form were not submitted for review.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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, SpineCor brace.

Decision rationale: The request for Spinal Q Brace is not medically necessary. According to the Official Disability Guidelines, spine braces are under studied for all conditions other than idiopathic scoliosis, where it is recommended. Outside of scoliosis, there are no quality studies that a spine brace for treatment or prevention of low back problems. Additionally, there was no rationale submitted for review to warrant the medical necessity of a Spinal Q Brace. Furthermore, there were no diagnosis congruent with the above guidelines. As such, the request for a Spinal Q Brace is not medically necessary.