

<b>Case Number:</b>	CM14-0168749		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Orthopaedic Surgery and is licensed to practice in New York. 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 patient's had a right shoulder arthroscopy with Mumford procedure on June 20, 2014. The patient still complains of shoulder pain. The patient reports increasing range of motion with physical therapy. Physical exam shows normal muscle strength and 140 of abduction and improved range of motion. Plan includes increased physical therapy, medications, and a spinal Q brace. At issue is whether spinal Q brace is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q postural brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Shoulder Procedure Summary: Posture garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Back and Shoulder chapter, postural garments.

**Decision rationale:** Criteria for spinal Q brace not met. ODG guidelines indicate that postural garments or not recommended as a treatment for shoulder pain. The patient has had previous shoulder surgery. The patient is improving with physical therapy. Criteria for bracing and medical necessity for bracing not met. The patient does not have documented instability of the

shoulder or spine. Medical necessity for brace not met and therefore, the request for Spinal Q postural brace is not medically necessary and appropriate.