

Case Number:	CM14-0210004		
Date Assigned:	12/23/2014	Date of Injury:	10/01/2012
Decision Date:	03/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 44-year-old male who reported an injury on 10/01/2012. The injury reportedly occurred when the injured worker jumped forward while carrying a large gun, causing pain about the left shoulder. The injured worker's diagnoses include superior labral tear with impingement and AC joint degeneration of the left shoulder. The injured worker's prior therapies included physical therapy, surgical intervention and medications. The injured worker's diagnostic testing included a left shoulder MRI, on 10/21/2014, which was non-contributory to the request. The injured worker's surgical history included a left shoulder arthroscopic decompression, acromioplasty, debridement, Mumford procedure and SLAP repair on 08/22/2014. On 10/28/2014, the injured worker was seen for an evaluation of his left shoulder. The physical examination, revealed the injured worker was noted with well healed arthroscopic portals. His forward elevation was 90 and abduction was 95 with some pain. Neer's and Hawkins were negative, and distal neurovascular exam was intact. The injured worker's medications were not included in the documentation. The request was for associated surgical service spinal Q postural brace. The rationale for the request was not clearly provided. The Request for Authorization form was signed and submitted on 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Spinal Q postural brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 supports

Decision rationale: The Official Disability Guidelines indicate that lumbar supports are not recommended for prevention. They recommend back braces as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment of nonspecific low back pain. It remains understudy for postoperative use. The documentation indicated that the injured worker was in a motor vehicle accident, however, there was a lack of documented evidence of instability. The rationale for the use of the brace was not provided. Given the above, the request for Associated surgical service: Spinal Q postural brace is not medically necessary.