

Case Number:	CM14-0217417		
Date Assigned:	01/07/2015	Date of Injury:	10/04/2004
Decision Date:	03/23/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Internal 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 65 year old male, who sustained an industrial injury on October 4, 2004. The diagnoses have included full thickness rotator cuff tear of the right shoulder, with repair in September 2005, left shoulder full thickness rotator cuff repair status post repair in November 2007, medial meniscal tear of the left knee with underlying chondromalacia, and bilateral lower extremity weakness secondary to lumbar disc disease and spinal stenosis. Treatment to date has included right shoulder arthroscopic surgery in 2005, arthroscopic surgery of the left shoulder in 2007, TENS, physical therapy and medications. As of the report dated February 4, 2010, the injured worker complains his knees have been periodically symptomatic, with periodic stiffness with occasional discomfort and pain in the back, and leg symptoms which had been chronic. An Orthopedic Physician's evaluation dated February 4, 2010, noted the injured worker was deemed to be permanent and stationary effective June 19, 2008, with a 41% whole person impairment rating. On December 4, 2014, Utilization Review non-certified a purchase of a Spinal Q Postural Brace, noting the brace is for the lumbar spine primarily, but is enclosed in a jacket that comes over the shoulders. The UR Physician noted that these braces are not established as effective in relieving pain, and do not meet the Official Disability Guidelines (ODG) criteria, therefore, the use of a Spinal Q Postural Brace was not medically necessary or appropriate. The Official Disability Guidelines (ODG), Low Back, updated November 21, 2014, was cited. On December 29, 2014, the injured worker submitted an application for IMR for review of a purchase of a Spinal Q Postural Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 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 Official Disability Guidelines (ODG), Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Table 2: Summary of Recommendations by Low Back Disorder.
<http://www.guideline.gov/content.aspx?id=38438>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses lumbar supports. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Medical records document a history of lumbar strain, lumbar disc disease, right shoulder arthroscopy and rotator cuff repair surgery 9/9/05, and left shoulder arthroscopy and rotator cuff repair surgery 11/2/07. A Spinal Q postural brace was requested. MTUS and ACOEM guidelines do not support the medical necessity of lumbar supports. Therefore, the request for a Spinal Q postural brace is not supported. Therefore, the request for Spinal Q postural brace is not medically necessary.