

<b>Case Number:</b>	CM15-0013889		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/07/2005
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, Indiana, New York  
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 45 year old male injured worker suffered an industrial injury on 3/7/2005. The diagnoses were impingement syndrome of the left shoulder and disorder of the ligament of the left shoulder. The diagnostic study was magnetic resonance imaging. The treatments were left shoulder arthroscopy 8/14/2014, physical therapy, and medications. The injured worker reported he was in constant pain. The Utilization Review Determination on 1/5/2015 non-certified a spinal Q posture vest, purchase, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q Posture Vest, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.posturebraceguide.com/review-of-the-s3-spinal-q-posture-brace-rehab-jacket-by-alignmed-is-it-worth-the-money/>

**Decision rationale:** Pursuant to the ACOEM and the official disability guidelines, spinal Q posture vest for purchase is not medically necessary. Lumbar supports are not shown to have lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend lumbar supports for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific low back pain (very low-quality evidence but may be a conservative option). The spinal Q posture vest is marketed as a rehabilitation jacket for medical issues such as poor posture, rotator cuff injuries, slept tears, osteoporosis, spine conditions such as vertebral fracture recovery and back pain. In this case, the injured worker's working diagnoses are impingement syndrome of left shoulder; and disorder of ligament of left shoulder; and status post arthroscopy left shoulder. The medical record does not contain documentation of the spinal Q posture vest. Consequently, absent clinical documentation with an indication and or clinical rationale for the spinal Q posture vest, spinal Q posture vest for purchase is not medically necessary.