

Case Number:	CM15-0116060		
Date Assigned:	06/24/2015	Date of Injury:	01/14/2013
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 1/14/2013. Diagnoses include pain in thoracic spine, rotator cuff (capsule) sprain, pain in joint involving shoulder region and anemia. Treatment to date has included cortisone injection (3/12/2015), 30 visits of physical therapy and medications including Lodine. Magnetic resonance imaging (MRI) dated 2/2013 showed rotator cuff tendinitis, partial tearing of the rotator cuff without full thickness tear and subacromial impingement. Per the Primary Treating Physician's Progress Report dated 5/07/2015, the injured worker reported pain and weakness in the right shoulder rated as 4/10. Physical examination of the bilateral shoulders revealed range of motion full forward elevation 175 degrees and abduction 175 degrees, internal rotation to mid thoracic spine and external rotation 75 degrees. There was 5/5 strength bilaterally in the supraspinatus, infraspinatus and subscapularis. She does have pain at the testing on the right side. There was a positive impingement sign on the right with positive Neer's and Hawkin's and scapulothoracic dyskinesia. The plan of care included bracing and authorization was requested for scapulothoracic brace, spinal Q brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scapulothoracic brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute - Low Back -- lumbar & thoracic acute & chronic - Encinitas (CA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG, Back, Back brace, post surgical.

Decision rationale: This claimant was injured in 2013 with pain in thoracic spine, a rotator cuff sprain, pain in the shoulder joint, and anemia. Magnetic resonance imaging (MRI) dated 2/2013 showed a rotator cuff tendinitis, partial tearing of the rotator cuff without full thickness tear and subacromial impingement. No imaging was noted demonstrating thoracic or low back instability. No back or spine issues that might require bracing are noted. As of May 2015, there was ongoing pain and weakness in the shoulder. There is no mention of back surgery or instability. The guides are silent on braces related to the scaphoid. Regarding back braces such as a scapulothoracic, the California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: [such] supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There is no mention of back surgery, which might be one indication for such a brace. Even then, regarding a post surgical back brace, the ODG notes: Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. In this case, the claimant is well past the acute phase of care. There is no evidence of scaphoid-thoracic-lumbar spinal instability. If being used post surgery [which is not definitively mentioned in the records], an off the shelf brace might be sufficient. Therefore, this request is not medically necessary.

Spinal Q brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute - Low Back -- lumbar & thoracic acute & chronic - Encinitas (CA).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG, Back, Back brace, post surgical.

Decision rationale: As shared earlier, this claimant was injured in 2013 with pain in thoracic spine, rotator cuff (capsule) sprain, pain in joint involving shoulder region and anemia. No imaging was noted demonstrating thoracic or low back instability. As of May 2015, there was ongoing pain and weakness in the shoulder but no low back issues noted. There is no mention of lumbar surgery. Spinal Q braces are postural braces to help improve posture and spine alignment. Regarding back braces in general, the California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Although it is not clear from the records there was a low back surgery, which might be an indication for such a brace, for completeness, post surgical back brace usage is also addressed. Regarding post surgical back brace, the ODG notes: Under study, but given the lack of evidence supporting the use of these

devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. As shared previously, the claimant is well past the acute phase of care where a back brace might be helpful. Although spondylolisthesis is mentioned as imaging finding, there is no evidence of lumbar spinal instability. There is no evidence of post low back surgery usage. Therefore, this request is not medically necessary.