

<b>Case Number:</b>	CM15-0128905		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old male who sustained an industrial /work injury on 10/21/14. He reported an initial complaint of right shoulder pain. The injured worker was diagnosed as having RTC tendinitis/tear with bursitis, labral tear and synovitis, degenerative joint disease. Treatment to date includes medication, surgery (arthroscopy with acromioplasty, distal clavicle resection/Mumford procedure on 4/17/15), and physical therapy (12 sessions). Currently, the injured worker complained of intense neck pain on the right side along with trapezius distribution and having achiness and headaches. Per the progress report on 6/11/15, exam noted well healed arthroscopic portals, forward flexion, abduction is 0-150 degrees with stiffness and pain at end range of motion, strength is 3/5, and tenderness to palpation along the right side trapezius distribution. Current plan of care included brace for scapular stabilization and to improve posture. The requested treatments include Spinal Q brace purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q brace purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Spinal Q brace purchase is not medically necessary.