

Case Number:	CM15-0145435		
Date Assigned:	09/02/2015	Date of Injury:	07/30/2012
Decision Date:	10/05/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 37-year-old female who sustained an industrial injury on 7-30-2012. She injured her right shoulder while carrying a heavy object. She has reported chronic neck and shoulder pain and has been diagnosed with pain in shoulder. Treatment has included chiropractic care, medications, and acupuncture. There was tenderness of the cervical spine. There was increased pain with flexion and extension of the cervical spine. Trapezius muscle examination on the right side showed tenderness and hypertonicity. The treatment plan included medications and physical therapy. The treatment request included a functional restoration program, a scapular posterior shirt, and a spinal Q scapular posture vest.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: 1 functional restoration program is not medically necessary per the MTUS Guidelines. The MTUS states that a functional restoration program may be appropriate after an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement. The patient must have a significant loss of ability to function independently and the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The request does not specify a duration and the documentation is not clear that the patient has a significant inability to function independently therefore this request is not medically necessary.

1 scapular posterior shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

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-Posture Garments and Shoulder-IntelliSkin posture garments.

Decision rationale: 1 scapular posterior shirt is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that posture garments are not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. Due to the lack of support in the literature for this garment, the request is not medically necessary.

1 spinal Q scapular posture vest: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Posture Garments and Shoulder-IntelliSkin posture garments.

Decision rationale: 1 spinal Q scapular posture vest is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that posture garments are not recommended as a treatment for back pain or shoulder pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims. Due to the lack of support in the literature for this garment, the request is not medically necessary.