MAXIMUS Federal Services

Case Number:	CM15-0173318		
Date Assigned:	09/15/2015	Date of Injury:	08/25/2011
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on 08-25-2011. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post left shoulder rotator cuff tear, status post bilateral carpal tunnel release, right shoulder rotator cuff tendinopathy, bilateral lateral and medial epicondylitis, and right index, long, and ring finger stenosing tenosynovitis. Treatment and diagnostics to date has included left shoulder surgery, physical therapy, and use of medications. Current medications include Menthoderm gel and Prilosec. In a progress note dated 06-30-2015, the injured worker reported intermittent triggering to her right index, long, and ring fingers and five months out from her left shoulder surgery. Objective findings included tenderness along the flexor tendon sheaths of the right index, long, and ring fingers and slightly tender over the anterior left shoulder. The request for authorization dated 07-27-2015 requested DME-Spinal Q Postural Rehab Brace for purchase for shoulder pain. The Utilization Review with a decision date of 08-07-2015 non-certified the request for Spinal Q Postural Rehab Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q postural rehab 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, Low Back Chapter, Posture garments.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, Summary, and Low Back Complaints 2004, Section(s): Inital Care, Physical Methods.

Decision rationale: According to the ACOEM guidelines, should immobilization is recommended for up to 3 weeks after initial injury. Prolonged use is not recommended. According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace for shoulder support is not medically necessary justified. In addition, length of use was not defined and the injury was remote. The Spinal Q brace is not medically necessary.