

Case Number:	CM15-0066643		
Date Assigned:	04/14/2015	Date of Injury:	09/07/2012
Decision Date:	05/20/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 09/07/2012. The initial complaints or symptoms included right neck and shoulder pain/injury. The injured worker was diagnosed as having severe strain. Treatment to date has included conservative care, medications, x-rays, MRIs, right shoulder surgery (11/04/2014), and conservative therapies. Currently, the injured worker complains of continued right shoulder pain and tingling, mid back pain, and weakness in the right shoulder despite right shoulder surgery and post-op physical therapy. The diagnoses include status post right shoulder surgery (11/2014), rotator cuff strain/sprain, other affections of the shoulder region, adhesive capsulitis of the shoulder, and lack of coordination. The treatment plan consisted of additional physical therapy (post-op), request for Aligned Q vest and posture shirt, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posture 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 (ODG), Neck & upper back - Magnetic resonance imaging (MRI), Low back - Posture garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, Posture garments.

Decision rationale: The patient was injured on 09/07/2012 and presents with status post right shoulder arthroscopy and correction on 11/04/2014. The patient also has nighttime numbness and tingling in the rhomboids and upper traps area. The request is for a POSTURE SHIRT. The RFA is dated 03/12/2015 and the patient is on temporary total disability. Regarding posture garments, ODG states that they are not recommended as a treatment for shoulder pain. ODG states, "IntelliSkin posture garments can form to the back shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance, and less pain, according to marketing materials. There are no quality published studies to support these claims." In this case, the patient is diagnosed with rotator cuff sprain/strain, OTH affections, shoulder region NEC, adhesive capsulitis of shoulder, and lack of coordination/scapular dyskinesia. The patient is status post right shoulder arthroscopy 11/04/2014 and has residual weakness of the supraspinatus and scapular dyskinesia. He has a decreased right shoulder range of motion, a positive empty can test which is mildly painful, and mild/moderate scapulothoracic glenohumeral dysrhythmia/scapular dyskinesia. Posture garments are currently not supported by any medical guidelines and ODG specifically states that IntelliSkin posture garments are not supported. The requested posture shirt IS NOT medically necessary.