

Case Number:	CM15-0067726		
Date Assigned:	04/15/2015	Date of Injury:	11/08/2012
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/09/2015

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 42 year old female, who sustained an industrial injury on 11/08/2012, while employed as a seamstress. She reported symptoms in her neck and right upper extremity due to repetitive motion. The injured worker was diagnosed as having other affections of shoulder region, not elsewhere classified. Treatment to date has included diagnostics, physical therapy, injections, medications, right radial tunnel release with lateral epicondyle debridement in 8/2013, and physical therapy. A surgical evaluation note, dated 2/04/2015, noted right shoulder pain (rated 4/10), with associated weakness, and limited improvement after 12 physical therapy sessions. Magnetic resonance imaging findings were referenced. Currently, the injured worker complains of shoulder pain, rated 4/10, occasional in nature and somewhat improved. An injection over the biceps tendon was completed and documented as "helped." The impression noted was right shoulder scapular dyskinesia, which likely led to secondary biceps tenosynovitis. Medication use was not described. A request was noted for physical therapy (2x6) and Spinal Q brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine MTUS Page(s): 98-99.

Decision rationale: This patient presents with neck and right shoulder pain. The current request is for a physical therapy for the right shoulder 12 sessions. The Request for Authorization is dated 03/04/15. Treatment to date has included diagnostics, acupuncture, physical therapy, injections, medications, right radial tunnel release with lateral epicondyle debridement in August 2013, and physical therapy. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." According to progress report 01/06/15, the patient presents with neck and right upper extremity pain including the shoulder, elbow/forearm, and wrist/hand. There was some numbness and tingling noted in the right hand. On 02/15/15, the patient reported some relief following a therapeutic injection into the right shoulder. She rated her current pain as 4/10 but noted that her radiating symptoms into the right upper arm has not improved. The treating physician recommended a Spinal Q Brace for her right shoulder and additional physical therapy. This patient completed 12 physical therapy sessions by February 2015 to address her chronic shoulder pain. The physical therapy notes are hand written and partially illegible. Documents indicate some mild benefits with therapy and the patient was instructed on a home exercise program. In this case, there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request for additional therapy. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.

Spinal Q brace for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.posturebraceguide.com/product-review-of-the-alignmed-posture-shirt Official disability guidelines Shoulder Chapter, Intelliskin Posture Shirt Low Chapter, Intelliskin posture garments.

Decision rationale: This patient presents with right shoulder pain. The Request for Authorization is not provided in the medical file. The current request is for SPINAL Q BRACE FOR THE RIGHT SHOULDER. Treatment to date has included diagnostics, physical therapy, injections, medications, right radial tunnel release with lateral epicondyle debridement in 8/2013, and physical therapy. The patient is currently working with modifications. According to

www.posturebraceguide.com/product-review-of-the-alignmed-posture-shirt, "The posture shirt is created from material (77% polyester, 23% spandex) and provides the added benefit of posture assistant by incorporating a patented posture correcting system into the shirt while making them 4-inch longer than a standard compression shirt." The ACOEM and MTUS Guidelines do not discuss SpinalQ brace. The ODG Guidelines do discuss IntelliSkin posture garment which is similar to the spinal Q posture brace. Regarding posture garments, ODG Shoulder Chapter under Intelliskin Posture Shirt states: Not recommended as a treatment for shoulder pain. Intelliskin 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 pain, according to marketing materials. There are no quality published studies to support these claims. See also the Low Back Chapter. ODG Guidelines, Lumbar Chapter under Intelliskin posture garments (which are similar to the spinal Q posture shirt) states: Not recommended as a treatment for back pain. Intelliskin posture garments conform to the back and shoulder as a second skin, intended to gradually reshape these areas for improved posture, athletic performance, and less back pain, according to marketing materials. There are no quality published studies to support these claims. According to progress report 03/04/15, the patient presents for a re-evaluation following a shoulder injection. Examination revealed decreased range of motion, positive scapular retraction test and moderate scapular dysesthesia. The treating physician recommended that the patient continue with physical therapy and prescribed a postural scapulothoracic stabilization brace such as SpinalQ for improving her scapular posture. In this case, posture garments are currently not supported by any medical guidelines. ODG Guidelines specifically do not support IntelliSkin posture garments for the shoulder, as no high quality studies have supported manufacturer's claims. The current request IS NOT medically necessary.