

<b>Case Number:</b>	CM15-0069092		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year-old man sustained an industrial injury on 9/7/2012. The mechanism of injury is not detailed. Diagnoses include rotator cuff strain and sprain, adhesive capsulitis of shoulder, and lack of coordination/scapular dyskinesia. Treatment has included oral medications, physical therapy, home exercise program, and surgical intervention. Physician notes dated 3/12/2015 show complaints of weakness, nighttime numbness and tingling. Recommendations include physical therapy, spinal Q vest and posture shirt, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q vest:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI and Low Back, Posture Garments.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, table 9-6. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports and Other Medical Treatment

Guidelines <http://www.alignmed.com/products/level3X> Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/?term=Spinal+Q+Postural+Brace>.

**Decision rationale:** Regarding the request for Spinal Q Postural Brace, ACOEM states that a sling/brace may be used for a brief period following severe rotator cuff pathology. A search of the National Library of Medicine revealed no peer-reviewed scientific literature supporting the use of Spinal Q Postural Brace for the treatment of any medical diagnoses. Additionally, lumbar supports are not recommended for the treatment of any of this patient's diagnoses. The requesting physician has not provided any substantial peer-reviewed scientific literature supporting the use of this treatment modality for his patient's diagnoses. As such, the currently requested Spinal Q Postural Brace is not medically necessary.