

Case Number:	CM15-0069480		
Date Assigned:	04/17/2015	Date of Injury:	01/19/2004
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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 53-year-old male, who sustained an industrial injury on 1/19/2004. He reported falling and injuring both shoulders, elbow, back, neck, tailbone and left knee. Diagnoses have included right shoulder recurrent impingement with postoperative arthrofibrosis/adhesive capsulitis. Treatment to date has included magnetic resonance imaging (MRI), right rotator cuff repair, trigger point injections, physical therapy and medication. According to the progress report dated 3/4/2015, the injured worker complained of pain in his right shoulder. He stated that his right shoulder was getting worse. Physical exam revealed positive impingement right shoulder and a painful arc of motion. Authorization was requested for the purchase of a spinal Q vest and one posture shirt for the right and left shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Vest for the Right and Left Shoulders (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 Chapter, IntelliSkin Posture Garments, Shoulder Chapter, IntelliSkin Posture Shirt and on the Posture Brace Guide website (www.posturebraceguide.com).

Decision rationale: According to PostureBraceGuide.com 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 posture shirts. The ODG states that the IntelliSkin Posture Shirt is not recommended as a treatment for shoulder pain or back 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. The 03/04/15 progress report states that a "Spinal-Q brace/ posture shirt was prescribed. Wear 3-4 times daily for 45min. as directed. Initial trial fitting in the office today showed early signs of pain relief. Based on the patient's continued right shoulder pain and scapular dyskinesia, hopefully this can be authorized in a timely manner so that the patient may regain some of this normal shoulder kinematics." 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. Therefore the request is not medically necessary.

Posture Shirt for the Right and Left Shoulders (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 Chapter, IntelliSkin Posture Garments, Shoulder Chapter, IntelliSkin Posture Shirt.

Decision rationale: The ACOEM and MTUS Guidelines do not discuss posture shirts. The ODG states that the IntelliSkin Posture Shirt is not recommended as a treatment for shoulder pain or back 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. The 03/04/15 progress report states that a "Spinal-Q brace/ posture shirt was prescribed. Wear 3-4 times daily for 45min. as directed. Initial trial fitting in the office today showed early signs of pain relief. Based on the patient's continued right shoulder pain and scapular dyskinesia, hopefully this can be authorized in a timely manner so that the patient may regain some of this normal shoulder kinematics." 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. This appears to be a duplicate request, or a request for a generic shirt. Therefore the request is not medically necessary.

