

Case Number:	CM15-0073149		
Date Assigned:	04/23/2015	Date of Injury:	11/01/2011
Decision Date:	05/20/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

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:

The injured worker is a 30 year old who sustained an industrial injury on 11/01/2011. Diagnoses include adhesive capsulitis of the shoulder; status post left shoulder arthroscopy and correction on 03/21/2013 with persistent internal rotation, contracture, postoperative arthrofibrosis and scapular dyskinesia, possible suprascapular nerve impingement and cervicgia. Treatment to date has included surgery, diagnostic studies, medications, home exercise program, heat and ice. A physician progress note dated 03/24/2015 documents the injured worker is seen for his left shoulder pain, stiffness and weakness. The pain is daily and is particularly present in the left scapula. He follows with a home exercise program which he does three times a day, he is not on any medication at this time. Active abduction to 90 degrees with a painful arc of motion and painful endpoint, active forward flexion to 170 degrees with a mildly painful arc of motion and, demonstrates an internal rotation contracture of approximately 10 degrees. There is mild scapular winging noted on exam. Rotator cuff exam is 5/5, except for the supraspinatus which is 4/5 with pain on isolation and loading. The treatment plan is for a spinal-Q scapular dyskinesia brace, and return visit. Treatment requested is for Spinal Q posture shirt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q posture shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic), Posture garments.

Decision rationale: The claimant sustained a work-related injury in September 2011 and underwent left shoulder arthroscopy in March 2013. When seen, there was decreased shoulder range of motion with restricted external rotation. A posture garment is not recommended. 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 back pain. There are no quality published studies to support these claims. The requested Spinal Q garment is not medically necessary.