

Case Number:	CM15-0075375		
Date Assigned:	04/27/2015	Date of Injury:	11/17/2011
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 51 year old male, who sustained an industrial injury on November 17, 2011, incurring injuries to the right shoulder. He was diagnosed with joint degenerative joint disease with arthrofibrosis. Treatment included shoulder surgeries, physical therapy, pain medications and anti-inflammatory drugs. Currently, the injured worker complained of persistent right shoulder pain. The treatment plan that was requested for authorization included a spinal Q vest purchase and a posture shirt purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q vest, purchase, per 03/30/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3554027/>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation AlignMe website.
<http://www.alignmed.com/>, accessed 05/23/2015.

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities is superior to the use of braces or other equipment used to maintain proper posture. Research has not shown this type of equipment to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain. There was no discussion suggesting reasons equipment to maintain posture would be more helpful than education and encouragement or detailing special circumstances that supported this request. In the absence of such evidence, the current request for the purchase of a spinal Q vest on 03/30/2015 is not medically necessary.

Posture shirt, purchase, per 03/30/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 04/03/15)-Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities is superior to the use of braces or other equipment used to maintain proper posture. Research has not shown this type of equipment to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain. There was no discussion suggesting reasons equipment to maintain posture would be more helpful than education and encouragement or detailing special circumstances that supported this request. In the absence of such evidence, the current request for the purchase of a posture shirt on 03/30/2015 is not medically necessary.