

<b>Case Number:</b>	CM15-0077865		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of July 24, 2009. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a spinal postural brace. A March 9, 2015 progress note was referenced in the determination. The claims administrator suggested that the device was intended for the applicant's shoulder. The applicant's attorney subsequently appealed. In a progress note dated November 17, 2014, the applicant was placed off of work, on total temporary disability, following earlier shoulder surgery of August 15, 2014. Additional physical therapy was endorsed. On April 20, 2015, the applicant reported ongoing complaints of shoulder pain. A 10-pound lifting limitation, Duexis, and MR arthrography of the shoulder were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. In a March 9, 2015 progress note, the attending provider again noted that the applicant had ongoing complaints of shoulder pain. Ancillary complaints of trapezius/mid back pain were reported. A spinal Q brace/scapular support was apparently endorsed. A rather proscriptive 5-pound lifting limitation was also furnished. Also attached was a product description. The brace in question did apparently cover both the spine and shoulder regions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q postural brace 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), Shoulder Chapter, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 205, 301. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Shoulder Disorders 893. Recommendation: Slings and Shoulder Supports for Subacute or Chronic Shoulder Pain Slings and shoulder supports are not recommended for subacute or chronic shoulder pain or mild to moderate acute pain. Strength of Evidence Not Recommended, Evidence (C).

**Decision rationale:** No, the request for a spinal Q brace encompassing both spine and scapular/shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 205, maximizing shoulder activities within the limit of symptoms is imperative. Here, however, provision of the spinal brace/scapular support in question, thus, would likely constrict and restrict the applicant's overall levels of activity and motion. The MTUS Guideline in ACOEM Chapter 12, page 301 also notes that lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of July 24, 2009 as of the date of the request, March 9, 2015. The Third Edition ACOEM Guidelines also note that shoulder supports are not recommended in the chronic shoulder pain context present here. The request, thus, was at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.