

Case Number:	CM15-0078909		
Date Assigned:	04/30/2015	Date of Injury:	09/11/2011
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old male, who sustained an industrial injury on 9/11/11. He reported a neck and right shoulder injury. The injured worker was diagnosed as having cervical sprain with right upper extremity radiculopathy, cervical myelopathy, rotator cuff repair, neurogenic bladder, capsulorrhaphy, left shoulder biceps tendon tear and internal disruption and mood disorder with chronic pain. Treatment to date has included oral medications including narcotics, shoulder injections, anterior cervical fusion, physical therapy and home exercise program. Currently, the injured worker complains of right neck and shoulder pain. The injured worker notes the shoulder injections helped to relieve the pain. Physical exam noted healed anterior neck scar and limited range of motion of neck. The treatment plan included request for medial branch block and request for spinal Q jacket for ongoing shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q Jacket for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 175; 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195 - 220. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition.

Decision rationale: The patient is a 50 year old male with a neck and right shoulder injury on 09/11/2011. He continues to have right neck and shoulder pain. The requested spinal Q jacket for the right shoulder (to improve posture) is not a recommended treatment in ACOEM, Chapter 9 Shoulder Complaints or in the ODG. It is not medically necessary.