

Case Number:	CM15-0094223		
Date Assigned:	05/21/2015	Date of Injury:	06/22/2011
Decision Date:	06/24/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 6/22/2011. He reported left shoulder pain. The injured worker was diagnosed as having other affections of shoulder region, adhesive capsulitis of shoulder and lack of coordination/scapular dyskinesia. Treatment to date has included medications, physical therapy, left shoulder surgery (2/17/2012). The request is for a spinal Q vest posture shirt purchase. On 1/30/2015, he complained of left shoulder pain, stiffness, and weakness. He reported 75% pain reduction from a cortisone injection given on 12/12/2014. Examination indicated he had internal rotation contracture. He continued to be off work. On 3/27/2015, he was in for follow up regarding his left shoulder. He had been going to physical therapy and doing his home exercises. He is reported to have improved. Examination revealed he has a painful arch of motion abduction with scapular dyskinesia noted. His supraspinatus strength is noted to be 4/5 and there is mild to moderate pain on impingement. The treatment plan included: continuing physical therapy and home exercises, heat/ice applications, Anaprox, Prilosec, and a Spinal Q vest. Records for date of service 5/8/2015, has been provided for this review, and is after the UR date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q vest posture shirt for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, SpineCor brace Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Spinal Q vest posture shirt for purchase, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." Official Disability Guidelines, Low Back, SpineCor brace noted "Under study for all conditions other than idiopathic scoliosis, where it is recommended. Outside of scoliosis, there are no quality studies of the SpineCor brace for treatment or prevention of low back problems. (Plewka, 2013)" The injured worker has left shoulder pain, stiffness, and weakness. The treating physician has documented a painful arc of motion abduction with scapular dyskinesia noted. His supraspinatus strength is noted to be 4/5 and there is mild to moderate pain on impingement. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment nor medical necessity for this DME as an outlier to referenced guideline negative recommendation. The criteria noted above not having been met, Spinal Q vest posture shirt for purchase is not medically necessary.