

<b>Case Number:</b>	CM15-0099650		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: 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 32 year old male, who sustained an industrial injury on 9/17/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder arthroscopy, postoperative arthrofibrosis/adhesive capsulitis, rotator cuff sprain/strain, bicipital tenosynovitis and lack of coordination. There is no record of a recent diagnostic study. Treatment to date has included activity modification, surgery, physical therapy, injections and medication management. In a progress note dated 3/26/2015, the injured worker complains of right shoulder pain. Physical examination showed full range of motion with mild positive impingement. The treating physician is requesting a spinal Q-vest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) Spinal Q vest: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.posturebraceguide.com](http://www.posturebraceguide.com); Official Disability Guidelines (ODG), Shoulder chapter, IntelliSkin posture garments; [www.alignedmed.com/technology/research](http://www.alignedmed.com/technology/research).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation x OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports, Shoulder Chapter, Immobilization and Other Medical Treatment Guidelines X Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/?term=Spinal+Q+Postural+Brace>.

**Decision rationale:** Regarding the request for Spinal Q Postural Brace, ACOEM states that a sling/brace may be used for a brief period following severe rotator cuff pathology. A search of the National Library Of Medicine revealed no peer-reviewed scientific literature supporting the use of Spinal Q Postural Brace for the treatment of any medical diagnoses. Additionally, lumbar supports are not recommended for the treatment of any of this patient's diagnoses. The requesting physician has not provided any substantial peer-reviewed scientific literature supporting the use of this treatment modality for his patient's diagnoses. As such, the currently requested Spinal Q Postural Brace is not medically necessary.