

Case Number:	CM15-0099944		
Date Assigned:	06/02/2015	Date of Injury:	03/02/1999
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old man sustained an industrial injury on 3/2/1999. The mechanism of injury is not detailed. Evaluations include left wrist MRI dated 5/17/2015. Diagnoses include bilateral shoulder subacromial impingement syndrome, osteoarthritis of the shoulder, adhesive capsulitis of the shoulder, lack of coordination, and cervicgia with right radiculopathy. Treatment has included oral medications, shoulder injection, and surgical intervention. Physician notes dated 5/18/2015 show complaints of bilateral shoulder pain. Recommendations include home exercise program, ice, stretching, progressive rotator cuff strengthening and stabilization exercises, cervical spine evaluation, left wrist evaluation, spinal Q scapular posture vest, scapular posture shirt, updated shoulder x-rays, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q vest: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Orthopedic Casts, Braces, and Splints Number:00009: The Spine and Scapula Stabilizing Brace (The S3 Brace).

Decision rationale: Review of MTUS, ODG, ACOEM, and a MEDLINE search fails to reveal and evidence-based rationale for this device as medical treatment. The records do not provide any additional evidence-based support for the request. Aetna Guidelines state that this device is experimental and investigational because there is insufficient evidence of its effectiveness. The medical records do not provide a rationale for its use. The treatment guidelines state that the manufacturer indicates the intent of the device is to help restore normal shoulder pneumatics, but there are no published clinical outcome studies. This request is not medically necessary.

Posture shirt: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Orthopedic Casts, Braces and Splints, Number:0009, Back Braces.

Decision rationale: Review of MTUS, ODG, ACOEM, and a MEDLINE search fails to reveal and evidence-based rationale for this device as medical treatment. Aetna policy indicates that lumbar orthosis are medically necessary to facilitate healing and to reduce pain by restricting motion of the trunk or to support weak spinal muscles or deformed spine. The medical records do not indicate that such a situation is present in this case. Overall, the medical records and guidelines do not provide a rationale to support the evidence-based indication for this device. The request is not medically necessary.

Kenalog 40mg injection with 6cc of 0.5% Marcaine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Steroid injections. (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: ACOEM Chapter 9 Shoulder, page 204 recommends use of a steroid injection for acute impingement syndrome. Given the patient's diagnosis with possible adhesive capsulitis, a trial of such an injection is supported. Therefore, this request is medically necessary.