

Case Number:	CM14-0137950		
Date Assigned:	09/03/2014	Date of Injury:	02/19/2014
Decision Date:	09/26/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 63-year-old female with a 2/19/14 date of injury. At the time (8/1/14) of request for authorization for With Infra Lamp/Medical Supply/Kinesio tape, there is documentation of subjective (bilateral shoulder pain) and objective (tenderness over the bilateral periscapulars and trapezius wits spasms and decrease shoulder range of motion with pain) findings, current diagnoses (bilateral shoulder/periscapular strain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

With Infra Lamp/Medical Supply/Kinesio Tape: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Thermotherapy and Kinesio tape (KT).

Decision rationale: MTUS does not address this issue. ODG identifies that thermotherapy is under study for several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), and that there

was a lack of evidence regarding efficacy. In addition, ODG identifies that Kinesio tape (KT) is not recommended and that utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. Therefore, based on guidelines and a review of the evidence, the request for With Infra Lamp/Medical Supply/Kinesio tape is not medically necessary.