MAXIMUS Federal Services

Case Number:	CM14-0151203		
Date Assigned:	09/22/2014	Date of Injury:	04/26/2012
Decision Date:	10/23/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 61-year-old female with a reported injury on 04/26/2012. The mechanism of injury was not provided. The injured worker's diagnoses included right index/long finger tenosynovitis with episodes of triggering, history of index finger trigger release, right knee osteoarthritis. The injured worker's past treatments included medications and acupuncture, 18 sessions starting 03/27/2014, which is the earliest available documentation, and a home exercise program. No previous diagnostic testing was provided. No surgical history was provided with the exception of the mention of the right index trigger finger release. The injured worker was evaluated on 08/22/2014 where she reported good relief with acupuncture, decreased medication use, able to increase walking program, but had a flare up of left knee pain and swelling and intermittently giving way. The clinician observed and reported slight swelling to the right knee, lateral support knee brace, crepitus, and range of motion was measured as 140/40. The right hand had no active triggering. The clinician requested an MRI of the right knee to rule out meniscus tear. The injured worker's medications included Voltaren XR 100 mg once daily. The requests were for acupuncture infralamp 1 times 4 to the right wrist and hand and Kinesio tape. The rationale for the requests was for treatment of right hand and knee and right knee patellofemoral arthroplasty. The Request for Authorization form was submitted on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Infra-Lamp 1x4 to the right wrist and hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture Infra-Lamp 1x4 to the right wrist and hand is not medically necessary. The injured worker did report relief with acupuncture, but it was not quantified. The California MTUS Acupuncture Guidelines recommend that acupuncture produce functional improvement within 3 to 6 treatments, and the optimum duration is 1 to 2 months. The injured worker had had at least 12 visits since 03/27/2014. This exceeds the recommended number of visits and the optimum duration of treatment recommended by the guidelines. Additionally, measured functional improvement was not documented. Therefore, the request for Acupuncture Infra-Lamp 1x4 to the right wrist and hand is not medically necessary.

Kinesio tape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Clinical Effects of Kinesio Tex Taping: A Systemic Review, Physiotherapy Theory and Practice, 29 (4), 259-270

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

Decision rationale: The request for Kinesio tape is not medically necessary. The injured worker did complain of a flare up of knee pain. The Official Disability Guidelines do not recommend Kinesio tape. There are no quality studies covering use in the knee, and this primarily pilot study in the knee concluded that Kinesio taping had no effect on muscle strength. Additionally, the request did not include a site for use or frequency of use. Therefore, the request for Kinesio tape is not medically necessary.