

<b>Case Number:</b>	CM14-0175326		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 51 year old female with an injury date 10/10/12. Based on the 08/12/14 progress report provided by [REDACTED], the injured worker complains of right shoulder pain. She has tenderness, positive impingement sign and cross arm test. The injured worker has flexion at 120 degrees, abduction at 125 degrees, adduction at 35 degrees and extension at 40 degrees. Her diagnosis is Right shoulder spasm. [REDACTED] is requesting a Kinesio tape for the right shoulder. The utilization review determination being challenged is dated 09/25/14. [REDACTED] is the provider, and he provided treatment reports from 07/21/14-08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kinesio Tape Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Kinesio tape (KT), under Shoulder (Acute & Chronic) chapter

**Decision rationale:** This injured worker presents with right shoulder spasm. The request is a Kinesio Tape for Right Shoulder. ODG guideline regarding Kinesio Tape states, "Not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/ impingement is not supported." The reviews of the reports do not show that the treater provides any rationale for this request. Given the lack of support from ODG guidelines, the request is not medically necessary.