MAXIMUS Federal Services

Case Number:	CM14-0033161		
Date Assigned:	06/20/2014	Date of Injury:	10/31/2012
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in California and Washington. 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 39-year-old male who reported injury on 10/31/2012. The mechanism of injury was not provided. Other therapies included 24 visits of physical therapy and medications as well as acupuncture and chiropractic treatment. The documentation of 02/20/2014 is handwritten and difficult to read. It indicated, however, the injured worker had tenderness to palpation and plantar fasciitis of the bilateral feet. The injured worker had tenderness to palpation in the paraspinals and bilateral SI joints. The injured worker had a positive Yeoman's and Gaenslen's sign. The diagnoses included Achilles tendon with plantar fasciitis bilaterally, lumbar spine sprain/strain. The treatment plan included night splints for bilateral plantars, complete acupuncture, and to return in 4 to 6 weeks. Additionally, the request was for a pain management consultation. There was no DWC Form RFA nor PR-2 submitted for the requested procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Medical supply/Kipesio tape: 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) Treatment Index, 11th Edition(web), 2013, Knee and Leg.

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

Decision rationale: The Official Disability Guidelines indicate that Kinesio taping is not recommended. There are no quality studies covering the use of it in the knee. There was lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. There was no DWC Form RFA nor PR-2 submitted for the requested procedure with a documented rationale. Given the above, the request for urgent medical supply Kinesio tape is not medically necessary.

Urgent Infra lamp: 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) Treatment Index, 11th Edition(web), 2013, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared Therapy.

Decision rationale: The Official Disability Guidelines do not recommend infrared therapy over other heat therapies. There was lack of documented rationale. There was no DWC Form RFA submitted with the request. The request as submitted failed to indicate whether the unit was for rental or purchase. If for rental, the duration of use was not provided. Given the above, the request for urgent infrared lamp is not medically necessary.