

<b>Case Number:</b>	CM14-0037777		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Orthopedic Surgery 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 43-year-old female who was reportedly injured on February 26, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 18, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the shoulders. The physical examination demonstrated tenderness at the bilateral trapezius and decrease active range of motion of the upper extremities. There was a positive impingement test and a positive cross arm test. Examination of the cervical spine noted tenderness of the paravertebral muscles and decreased range of motion. There was a positive compression test. The treatment plan recommended a short course of acupuncture. A request had been made for an infrared lamp and Kinesio tape and was not certified in the pre-authorization process on March 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infrared Heat Lamp:** 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 Official Disability Guidelines (ODG), Pain (Chronic), Durable medical equipment, Updated July 10, 2014.

**Decision rationale:** It is unclear why there is a request for infrared heat lamp as this is not detailed in the attached medical record. However, this would appear to be a second line treatment, and the injured employee is currently participating in chiropractic therapy, and there was no mention that it has failed to provide any relief for the injured employee. Therefore, the request for a Infrared heat lamp is not medically necessary and appropriate.

**Kinesio Tape:** 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 Official Disability Guidelines (ODG), Pain (Chronic), Durable medical equipment, updated July 10, 2014.

**Decision rationale:** It is unclear why there is a request for Kinesio tape as this is not detailed in the attached medical record. However, this would appear to be a second line treatment, and the injured employee is currently participating in chiropractic therapy, and there was no mention of it has failed to provide any relief for the injured employee. Therefore, the request for Kinesio tape is not medically necessary and appropriate.