

Case Number:	CM14-0037922		
Date Assigned:	06/25/2014	Date of Injury:	10/10/2013
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 47 year old female who reported an injury to the neck. The clinical note dated 02/15/14 indicates the injured worker stating the initial injury occurred when she tripped on an extension cord resulting in a fall onto her right side. The claimant also reported striking her head with a resulting loss of consciousness. The injured worker reported an episode approximately one week after the accident when she had numbness in the right arm. There is an indication the injured worker has complaints of headaches from 1-3 days. Decreased sensation was identified in the right arm, chest, and abdomen. The therapy note dated 12/02/13 notes that the claimant completed six acupuncture treatment sessions. The injured worker continued with stiffness with aching and soreness. However, the note does indicate an increase in range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Infra Lamp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Durable medical equipment.

Decision rationale: The documentation indicates the injured worker complaining of cervical region pain with an associated loss of sensation in the right upper extremity. No high quality studies exist supporting the use of infra lamps in order to provide the injured worker with a therapeutic treatment to restore functional abilities. Without high quality studies having been published in peer reviewed literature supporting the safety and efficacy of the proposed treatment the request cannot be supported. As such, the request for DME- Infra Lamp is not medically necessary and appropriate.

Medical Supply - Kinesiotape (KT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in worker's Compensation , Shoulder Procedure Summary(updated 12/27/2013).

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

Decision rationale: The use of kinesio tape is not supported by the Official Disability Guidelines. No high quality studies have been published in peer reviewed literature supporting the use of kinesio taping. Without this information having been published in peer reviewed literature, the request for Kinesiotap is not medically necessary and appropriate.