

Case Number:	CM14-0038956		
Date Assigned:	06/27/2014	Date of Injury:	09/03/2011
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 56 year-old with a date of injury of 09/03/11. A progress report associated with the request for services, dated 03/12/14, identified subjective complaints of neck, back, and right thumb pain. Objective findings included tenderness to palpation of the lumbar, cervical spines and right thumb. There was decreased range-of-motion. Diagnoses included right thumb sprain; cervical disc sprain/strain; and lumbar disc sprain/strain. Treatment has included NSAIDs and acupuncture. A Utilization Review determination was rendered on 03/19/14 recommending non-certification of "1 Infra Lamp and 1 Medical supply/ Kinesio tape".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Infra Lamp: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared Therapy (IR).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that at-home application of local heat is optional. The Official Disability Guidelines (ODG) states that heat therapy is recommended as an option, particularly low-level heat wrap therapy. Infrared (IR) therapy is not recommended over other heat therapies. It may be used in acute low back pain, but only as an adjunct to a program of evidenced-based conservative care (exercise). However, it does further note that IR therapy in patients with chronic low back pain experienced a 50% reduction over 7 weeks. In this case, there is no documentation of any trial of heat therapy. Since IR therapy is not recommended over other heat therapies, there is no medical necessity for this modality without documentation of effectiveness of heat therapy in this patient. The request is not medically necessary.

1 Medical supply/ Kinesio tape: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The Medical treatment Utilization Schedule (MTUS) does not address Kinesio Tape. The Official Disability Guidelines (ODG) state that kinesio tape may improve acute pain, but improvements in pain and cervical range-of-motion were small and may not be clinically meaningful. The record does not document the medical necessity for Kinesio Tape and it is therefore not medically necessary and appropriate.