

<b>Case Number:</b>	CM14-0049545		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, neck, and wrist pain reportedly associated with an industrial injury of January 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier rotator cuff repair surgery; unspecified amounts of physical therapy and chiropractic manipulative therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated April 7, 2014, the claims administrator approved a request for six sessions of acupuncture, denied a request for an infra lamp, and denied a request for Kinesio taping. The claims administrator did cite Chapter 9 ACOEM Guidelines of Acupuncture as part of the report, it is incidentally noted, although these guidelines have been supplanted by the MTUS Acupuncture Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a March 7, 2014 progress note, the applicant was placed off of work, on total temporary disability, status post earlier shoulder rotator cuff repair surgery on November 20, 2013. Persistent complaints of shoulder pain were noted. Chiropractic manipulative therapy was apparently sought. The note was handwritten and very difficult to follow. In an earlier note of February 21, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck, shoulder, and wrist pain. The applicant did have co-morbid hypertension, it was acknowledged, through pre-printed check-boxes. On April 18, 2014, the applicant was again placed off of work, on total temporary disability. The attending provider is apparently seeking authorization for extracorporeal shockwave therapy and noted that he had sought independent medical review, presumably for the previously denied infra lamp and Kinesio taping, although this was far from certain as the note was handwritten and extremely difficult to follow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One 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, Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy section Page(s): 57.

**Decision rationale:** Infrared therapy represents a form of low level laser therapy. However, as noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low level laser therapy is "not recommended" in the chronic pain context present here. In this case, it is further noted that the attending provider's progress notes were sparse, handwritten, difficult to follow, not entirely legible, and did not set forth a compelling applicant's specific rationale for or medical evidence to support the request for the infra lamp in question in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

**One 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 Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98-99.

**Decision rationale:** As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are recommended in the chronic pain phase of an injury as opposed to passive modalities such as the Kinesio taping. No compelling rationale or medical evidence to support this particular modality was furnished in the face of the unfavorable MTUS position on the same. As noted previously, the attending provider's documentation was sparse, handwritten, not entirely legible, difficult to follow, and did not set forth a compelling case for provision of the service in question. Therefore, the request was not medically necessary.