

Case Number:	CM14-0049637		
Date Assigned:	07/07/2014	Date of Injury:	12/16/2013
Decision Date:	08/22/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old male with a 12/16/13 date of injury. At the time of the request for authorization for an infra lamp and medical supply/kinesio tape, there is documentation of subjective (continued upper and lower back pain rated 3-4/10) and objective (lumbar myospasms with palpation and good gait) findings. The current diagnoses are thoracolumbar sprain and left sacroiliac ligament sprain. The treatment to date includes chiropractic therapy and home exercise program. Regarding the infra lamp, there is no documentation that the request is primarily and customarily used to serve a medical purpose and represents medical treatment that should be reviewed for medical necessity. Regarding the medical supply/kinesio tape, there is no documentation of the need for providing support and stability in movement.

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 Official Disability Guidelines (ODG), Infrared Therapy.

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

medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence:
<http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Infra Lamp. A search of online resources failed to provide any articles/studies addressing criteria for the medical necessity for the requested Infra Lamp. Within the medical information available for review, there is documentation of diagnoses of thoracolumbar sprain and left sacroiliac ligament sprain. However, there is no documentation that the request is primarily and customarily used to serve a medical purpose and represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for an Infra Lamp is not medically necessary.

(1) Medical supply/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 Other Medical Treatment Guideline or Medical Evidence:(<http://www.kinesiotaping.com/about/kinesio-taping-method>); (<http://www.expertconsultbook.com/expertconsult/ob/book.do?method=display&type=bookPage&decorator=none&eid=4-u1.0-B978-0-323-05602-1..00119-7--s0100&isbn=978-0-323-05602-1>).

Decision rationale: The California MTUS and Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies that Kinesio taping is a definitive rehabilitative taping technique that is designed to facilitate the body's natural healing process while providing support and stability to muscles and joints without restricting the body's range of motion as well as providing extended soft tissue manipulation to prolong the benefits of manual therapy administered within the clinical setting. In addition, Medical Treatment Guideline identifies documentation of pain or abnormal feeling in skin and muscles, and the need for providing support and stability in movement, as criteria necessary to support the medical necessity of Kinesio tape. Within the medical information available for review, there is documentation of diagnoses of thoracolumbar sprain and left sacroiliac ligament sprain. In addition, there is documentation of upper and lower back pain. However, there is no documentation of the need for providing support and stability in movement. Therefore, based on guidelines and a review of the evidence, the request for medical supply/kinesio tape is not medically necessary.

