

<b>Case Number:</b>	CM14-0050664		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Licensed in Acupuncture 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:

This is a 64 year old female patient with pain complains of bilateral wrists, and bilateral knees. Diagnoses included sprain and strain the cervical and lumbar spine, bilateral wrist tendonitis. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture x6 (gains reported as "responded well to care"), and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x6, infrared and kinesiotape was made by the acupuncture provider. The requested care was modified on 3-11-14 by the UR reviewer to approve six acupuncture sessions and non-certifying the infrared and the supply of kinesiotape. The reviewer rationale was "the patient completed an acupuncture trial x6 with reduced pain as well as increase endurance allowing her to continue working, therefore the request for six additional sessions is supported by the MTUS as medically and necessary. In regards to the infrared lamp: based on the ODG guidelines (MTUS-ACOEM did not reveal guidelines appropriate for this request); infrared is not recommended over other therapies, therefore not supported for medical necessity. In regards to Kinesiotaping: based on the ODG (MTUS-ACOEM did not reveal guidelines appropriate for this request), kinesiotape is not recommended, therefore non-certified."

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Wrist, Heat Therapy.

**Decision rationale:** There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective findings, functional deficits, goals for the infrared lamp or benefits obtained with previous heat therapy that would substantiate a medical indication for the additional care requested. In addition, the guidelines recommend at home local heat applications to avoid the dependency with medical interventions. Therefore, the request is not medically necessary.

**Supply of 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 (ODG), Low Back-Lumbar & Thoracic (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), Knee, Kinesio tape (KT).

**Decision rationale:** The records reviewed did not documented the current medical condition (subjective complains, objective findings, functional deficits, goals for the recent request for kinesio tape or benefits obtained with previous kinesiotaping care, amongst others) that would substantiate a medical indication for the kinesiotaping requested. Also, the ODG guidelines does not support this type of care as medically and necessary. Therefore, the request is not medically necessary.