

Case Number:	CM14-0051658		
Date Assigned:	07/07/2014	Date of Injury:	12/23/2013
Decision Date:	08/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/18/2014

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 claimant has a date of injury of 12/23/13, but has had multiple other injuries over a period of time. She worked as a bus driver. Her diagnoses include wrist tendinitis, status post carpal tunnel release, right elbow medial/lateral epicondylitis, and right shoulder periscapular strain with cervical sprain and mild impingement. She has tried medications and has had physical therapy and home exercises. She had acupuncture which reportedly helped. She has physical examinations that revealed tenderness about the upper extremities, cervical spine, and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for an InfraLamp: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Infrared therapy.

Decision rationale: The history and documentation do not objectively support the request for an infra lamp. The Official Disability Guidelines state infrared therapy is not recommended over

other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The IR therapy unit used in this trial was demonstrated to be effective in reducing chronic low back pain, and no adverse effects were observed; the IR group experienced a 50% pain reduction over 7 weeks, compared with 15% in the sham group. There is no documentation of any specific indications for the use of an infra lamp in this case. It is not clear what benefit is anticipated. The medical necessity of this request for an infra lamp has not been demonstrated.

1 request for 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- Neck & 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 and Upper Back, Kinesio tape.

Decision rationale: The Official Disability Guidelines state kinesio tape is under study. Patients with acute whiplash associated disorders receiving an application of kinesio taping, applied with proper tension, exhibited statistically significant improvements immediately following application and at a 24-hour follow-up. However, the improvements in pain and cervical range of motion were small and may not be clinically meaningful. There is no documentation of any specific indications for the use of kinesio tape in this case. It is not clear what benefit is anticipated. The medical necessity of the use of kinesio tape has not been demonstrated.