

Case Number:	CM14-0054467		
Date Assigned:	07/07/2014	Date of Injury:	08/25/2011
Decision Date:	09/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 44-year-old female who reported an injury after she slipped and fell backwards striking her left shoulder and head against the door on 08/25/2011. The clinical note dated 03/20/2014 indicated the injured worker reported migraine headaches, joint pain. On physical examination, the injured worker had swelling of the ankles, joint pain, swelling, stiffness, and muscle pain. The injured worker had loss of strength. The injured worker also reported difficulty with sleeping. The injured worker's prior treatments were not provided for review. The provider submitted a request for infra lamp and Kinesio tape in house. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infra Lamp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 Official Disability Guidelines do not recommend Infrared therapy over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The provider did not indicate a rationale for the request. In addition, the Official Disability Guidelines do not recommend infrared therapy over other heat therapies. Moreover, it was not indicated what other therapies the injured worker had tried. Additionally, the request did not indicate for what body part or a time frame for the infra lamp. Therefore, the request for Infra Lamp is not medically necessary.

Kinesio Tape- in house: 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), Shoulder.

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 (ODG) state Kinesio tape is under study. The guidelines state patients with acute whiplash -associated disorders (WAD) 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. Documentation submitted did not indicate that the injured worker had findings that would support she was at risk for whiplash. In addition, the provider did not indicate a rationale for the request. Furthermore, the request does not clearly specify a body part or time frame. Additionally, Kinesio taping is still under study. Therefore, the request for Kinesio Tape is not medically necessary.