

<b>Case Number:</b>	CM14-0064645		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 39 year old male with a date of injury on 10/31/2012. Diagnoses include lumbar sprain, left sacroiliac joint sprain, left shoulder sprain with impingement, bilateral wrist and hand tenosynovitis, and bilateral Achilles tendinitis, and bilateral plantar fasciitis. Subjective complaints are of pain and stiffness in the left shoulder and wrist. Physical exam shows lumbar tenderness to the paraspinal muscles, with negative straight leg raise. The wrist has tenderness over the flexor and extensor tendons, and a positive Tinel's sign. The bilateral feet are tender over the plantar fascia. Submitted documentation indicates that the patient has had decreasing low back and foot pain after previous sessions of acupuncture. Medication consists of Anaprox. Request is for kinesio tape and infra lamp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical supply/kinesio tape:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th edition, (web), 2013, Knee & Leg, Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FOOT/ANKLE, TAPING.

**Decision rationale:** The ODG states that evidence indicates mechanical treatment with taping and orthoses to be more effective than either anti-inflammatory or accommodative modalities in the treatment of plantar fasciitis. This patient has symptoms in multiple anatomical areas. While taping can be utilized for foot/ankle conditions, the submitted documentation does not indicate the anatomical location or rationale for the kinesio tape to be utilized. Therefore, the medical necessity of kinesio tape cannot be established at this time.

**Infra- lamp:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th edition, (web), 2013, Knee & Leg, Durable Medical Equipment.

**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 ODG states that infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of infrared therapy for treatment of acute low back pain, but only if used as an adjunct to a program of evidence-based conservative care. Furthermore, the submitted documentation does not indicate the specific rationale or anatomical location for this modality to be used. Therefore, the medical necessity for an Infra-lamp cannot be established.