

<b>Case Number:</b>	CM14-0065691		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/15/2001
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 patient is a 55 year old female who was injured on 06/15/2001. The mechanism of injury is unknown. Prior treatment history has included 6 sessions of acupuncture for the low back. Discharge summary dated 04/11/2012 indicated the patient has had a left total hip replacement anterior approach on 04/12/2012. It is documented that the patient has a diagnosis of osteoarthritis of the bilateral hips. Upon discharge from the hospital following hospital stay from surgery mentioned above, the patient was instructed to continue with antibiotics and medications included hydrocodone, docusate, hydromorphone, and coumadin. There is no RFA in the medical records and there are no updated medical records for review. Prior utilization review dated 04/19/2014 states the request for 1 Infra Lamp and 1 Kinesio Tape is denied as it is not recommended over other heat therapies.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter, Cold and heat pads.

**Decision rationale:** This is a request for an Infra Lamp for a 55-year-old female injured on 6/15/01 with chronic low back, hip and knee pain. However, according to MTUS guidelines, infrared heat is not recommended over other heat therapies. Medical necessity is not established.

**1 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 ,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 Other Medical Treatment Guideline or Medical Evidence: <http://breakingmuscle.com/mobility-recovery/kinesio-tape-what-is-it-and-what-s-the-hype>.

**Decision rationale:** This is a request for Kinesio Tape for a 55-year-old female injured on 6/15/01 with chronic low back, hip and knee pain. However, MTUS and ODG guidelines do not address this treatment, and medical records do not provide a specific rationale for this treatment. Medical necessity is not established.