

Case Number:	CM14-0066865		
Date Assigned:	07/11/2014	Date of Injury:	09/26/1997
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 66 year old female who sustained an injury on 09/26/97 due to cumulative trauma. The injured worker is noted to have had prior left shoulder arthroscopy procedures on 2 separate occasions to address tearing of the supraspinatus tendon. The injured worker has also undergone previous epidural steroid injections in the cervical spine in October of 2013. Despite conservative treatments, the injured worker has continued to have complaints of neck and bilateral shoulder pain. As of 04/21/14, the injured worker had been followed for continuing complaints of pain in the left and right shoulders. The injured worker's physical examination did note decreased lordosis in the cervical spine. The injured worker ambulated with an antalgic gait. There was decreased sensation in the right upper extremity in a patchy distribution. There was tenderness to palpation also noted in the bilateral shoulders, left side worse than right with positive impingement signs. The injured worker was continued on medications at this evaluation. There was also a recommendation for both acupuncture and chiropractic treatment. The requested infrared lamp therapy and kinesio taping was denied by utilization review on 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Lamp at doctor's office: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

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 Chapter, Infrared Therapy.

Decision rationale: In regards to the request for infrared therapy, this modality would not be supported as medically necessary. Per guidelines, infrared therapy is not recommended over any other particular type of heat therapy. Where deep heating is desirable, injured workers can undergo a limited trial of infrared therapy for acute low back pain; however, there is no indication that infrared therapy is demonstrably effective in reducing chronic low back pain complaints. Given the lack of evidence regarding the efficacy of infrared lamp therapy versus any other standard heat therapy, this request is not medically appropriate.

Kinesio Tape: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Kinesio Tape.

Decision rationale: In regards to the use of kinesio taping, this modality is not recommended as there is insufficient evidence establishing that the use of kinesio tape results in any substantial functional improvement as compared to standard home exercise programs or other therapy modalities. Given the insufficient evidence in the clinical literature to support the use of kinesio tape for chronic shoulder or low back injuries, this request is not medically necessary.