

Case Number:	CM14-0097587		
Date Assigned:	07/25/2014	Date of Injury:	09/26/1997
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management 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:

According to the records made available for review, this is a 66-year-old female with a 9/26/97 date of injury. At the time (6/4/14) of request for authorization for Infrared lamp and Kinesio tape, there is documentation of subjective (continued neck and right shoulder pain) and objective (tenderness to palpation over the cervical spine with spasms and reduced range of motion; and decreased right shoulder range of motion with tenderness to palpation over the trapezius, periscapular area and acromioclavicular joint) findings, current diagnoses (right shoulder tendinitis, right acromioclavicular osteoarthritis, and C5-C6 chronic radiculitis), and treatment to date (12 sessions of acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared lamp: 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, Thermotherapy.

Decision rationale: The ODG identifies that thermotherapy is under study for several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), and that there was a lack of evidence regarding efficacy. Therefore, based on guidelines and a review of the evidence, the request for an Infrared lamp is not medically necessary.

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.

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

Decision rationale: The ODG identifies that Kinesio tape (KT) is not recommended and that utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. Therefore, based on guidelines and a review of the evidence, the request for Kinesio tape is not medically necessary.