

<b>Case Number:</b>	CM14-0186485		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

This is a 50-year-old male with a 7/3/14 date of injury. According to a handwritten and largely illegible progress report, dated 10/23/14, the patient complained of neck and low back pain that radiated down the bilateral lower extremities. The pain was associated with spasms, aches, stiffness, and difficulty sleeping due to the pain. He reported his pain level as 8-9/10. Objective findings: lumbar spine muscle guarding and spasms, positive bilateral SLR, limited lumbar range of motion, decreased sensation at L4-S1, cervical spine muscle spasms, limited cervical range of motion. Diagnostic impression: cervical spine sprain/strain, bilateral shoulder strain, lumbar spine sprain/strain. Treatment to date: medication management, activity modification. A UR decision dated 11/3/14 denied the request for Kinesio tape. The documentation that accompanies the RFA does not support this request and does not provide the rationale for this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kinesio tape Qty: 1.00:** 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), Neck and Upper Back (updated 08/04/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kinesio Taping Association International - Kinesio Taping Method (<http://www.kinesiotaping.com/about/kinesio-taping-method>).

**Decision rationale:** CA MTUS and ODG do not address this issue. According to the manufacturer's description, The Kinesio Taping Method is a definitive rehabilitative taping technique that is designed to facilitate the body's natural healing process while providing support and stability to muscles and joints without restricting the body's range of motion as well as providing extended soft tissue manipulation to prolong the benefits of manual therapy administered within the clinical setting. However, in the present case, there is no documentation that this patient has failed other types of conservative measures of treatment that would establish the medical necessity for this treatment modality. A specific rationale identifying why Kinesio taping would be required in this patient was not provided. Therefore, the request for Kinesio tape Qty: 1.00 is not medically necessary.