

<b>Case Number:</b>	CM14-0205337		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

Patient is a 37 year-old female with date of injury 09/05/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/31/2014, lists subjective complaints as pain in the left knee and left ankle. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the left knee revealed tenderness to palpation with spasm. Range of motion was restricted. Examination of the left ankle revealed tenderness to the anterior joint line. Range of motion was restricted. Diagnosis: 1. Left knee sprain 2. Left ankle sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kinesio tape, left knee/ankle:** 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), Knee and Ankle Chapters, Kinesio tape (KT)

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

**Decision rationale:** According to the Official Disability Guidelines, Kinesio tape (KT) is not recommended. There are no quality studies covering use in the knee, and this preliminary pilot study in the knee concluded that Kinesio taping had no effect on muscle strength. Kinesio tape (KT) is not medically necessary.