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| Case Number: | CM15-0107569 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 02/04/2013 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old female who sustained an industrial injury on 2/4/13 from repetitive motion resulting in increasing pain in the left upper extremity, pain in the right elbow, forearm/ wrist and right shoulder and neck pain from prolonged positioning. She was medically evaluated and had electrodiagnostic testing which was abnormal. She had left carpal tunnel release, left elbow decompression on 8/12/13. She currently complains of right wrist pain with numbness and tingling with a pain level of 3/10. On physical exam, there was tenderness over the flexor and extensor tendons, positive Tinel's sign, decreased sensation along the first and third fingers, slight decrease in grip strength and decreased range of motion in all planes. Flick sign was positive. Katz hand diagram revealed tingling sensation noted over the thumb, index and middle finger. Medication was naproxen. Diagnoses included right wrist/ forearm and extensor tendonitis; right wrist carpal tunnel syndrome; left carpal tunnel syndrome, status post left carpal tunnel release and left elbow decompression (8/12/13); left lateral epicondylitis; right wrist strain. Treatments to date include home paraffin bath, which was helpful; physical therapy with temporary relief; home exercise; acupuncture; right wrist carpal tunnel cortisone injection (10/6/14) with four days relief of numbness and tingling; wrist brace; neoprene wrist wrap. Diagnostics include electromyography/ nerve conduction velocity study (5/12/14) showing right wrist carpal tunnel syndrome; MRI of the cervical spine (10/23/13) showing multiple levels of disc protrusions and stenosis, as well as facet arthritis. On 5/27/15, Utilization Review evaluated a request for Kineso tape.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinesio tape (1 medical supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 2/4/13. The medical records provided indicate the diagnosis of right wrist/ forearm and extensor tendonitis; right wrist carpal tunnel syndrome; left carpal tunnel syndrome, status post left carpal tunnel release and left elbow decompression (8/12/13); left lateral epicondylitis; right wrist strain. Treatments to date include home paraffin bath, which was helpful; physical therapy with temporary relief; home exercise; acupuncture; right wrist carpal tunnel cortisone injection (10/6/14) with four days relief of numbness and tingling; wrist brace; neoprene wrist wrap. The medical records provided for review do not indicate a medical necessity for Kinesio tape (1 medical supply). The MTUS is silent on Kinesio tape. The Official Disability Guidelines does not discuss the use of kinesio tape as a form of treatment of wrist injuries; however, it recommends against using it for knee and ankle injuries, but is under study for shoulder and neck injuries. Medscape and National Guidelines Clearing house are both silent on using it for the wrist. Therefore, the request is not medically necessary.