

Case Number:	CM15-0019144		
Date Assigned:	02/09/2015	Date of Injury:	09/13/2006
Decision Date:	04/03/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported injury on 09/13/2006. The mechanism of injury was repetitive motion. The documentation of 12/23/2014 revealed the injured worker had improved somewhat. The injured worker had objective findings including right shoulder tenderness at the supraspinatus tendon, with a negative Codman's test. The injured worker had tender right flexor tendons. The prior treatments included 8 physical therapy sessions. The diagnoses included right wrist tenderness with carpal tunnel syndrome and right shoulder sprain and strain. The treatment plan included acupuncture. There was no Request for Authorization submitted for the Kinesio tape.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medical supply/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 Chapter, Kinesio Tape (KT).

Decision rationale: The Official Disability Guidelines do not recommend Kinesio taping. There was a lack of documentation indicating exceptional factors to warrant non adherence to guideline recommendations. There was no rationale submitted for review for the requested medical supply. Given the above, the request for 1 medical supply Kinesio tape is not medically necessary.