

Case Number:	CM15-0138999		
Date Assigned:	07/28/2015	Date of Injury:	10/01/2013
Decision Date:	09/01/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 48-year-old female, who sustained an industrial injury on 10/1/13. She reported pain in her left wrist, left hand and feet. The injured worker was diagnosed as having left wrist sprain, left elbow medial epicondylitis and bilateral plantar fasciitis. Treatment to date has included acupuncture and Anaprox. As of the PR2 dated 6/5/15, the injured worker reports pain in her feet, left wrist and elbow. Objective findings include a positive Tinel's test in the left wrist, tenderness to palpation over the plantar fascia and left elbow range of motion is 136 degrees of flexion and 0 degrees extension. The treating physician requested acupuncture with Infra lamp x 6 sessions and Kinesio tape to left elbow/wrist and bilateral feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with Infra Lamp six sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 8 & 13.

Decision rationale: The 48-year-old patient complains of bilateral foot pain, left wrist pain, and left elbow pain, as per doctor's first operational report dated 06/05/15. The request is for acupuncture with infra lamp six sessions. The RFA for the case is dated 06/05/1, and the patient's date of injury is 10/01/13. Diagnoses, as per progress report dated 06/05/15, included bilateral plantar fasciitis with healed spurs, left wrist sprain/strain, left elbow medial epicondylitis. The patient is taking Anaprox for pain relief and is temporarily totally disabled, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. As per MTUS guidelines, pages 111-113, capsaicin is recommended only in patients who have not responded or are intolerant to other treatments. In this case, RFA, dated 06/05/15, states that the request is for Acupuncture with infra lamp / medical supply / kinesio tape (in-house). The Utilization Review has, however, handled this as two separate requests - Acupuncture with Infra Lamp six sessions and Kinesio Tape to left elbow/wrist and bilateral feet. Only one progress report dated 06/05/15 is available for review. As per the report, the purpose of this request is "to decrease pain and increase range of motion." Progress reports do not document prior acupuncture therapy. Hence, a trial of six sessions appears reasonable, as per MTUS, and is medically necessary.

Kinesio Tape to left elbow/wrist and bilateral feet: 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).

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

Decision rationale: The 48-year-old patient complains of bilateral foot pain, left wrist pain, and left elbow pain, as per doctor's first operational report dated 06/05/15. The request is for kinesio tape to left elbow / wrist and bilateral feet. The RFA for the case is dated 06/05/1, and the patient's date of injury is 10/01/13. Diagnoses, as per progress report dated 06/05/15, included bilateral plantar fasciitis with healed spurs, left wrist sprain/strain, left elbow medial epicondylitis. The patient is taking Anaprox for pain relief and is temporarily totally disabled, as per the same progress report. ODG guidelines do not discuss the use of Kinesio tape for elbow and wrist. However, under chapter 'Shoulder (acute & chronic)' and topic 'Kinesio tape (KT)', the guidelines state the following: Not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. (Thelen, 2008) Tape is commonly used as an adjunct for treatment and prevention of musculoskeletal injuries. A majority of tape applications that are reported in the literature involve non-stretch tape. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. In this case, RFA, dated 06/05/15, states that the request is for Acupuncture with infra lamp / medical supply / kinesio tape (in-house). The Utilization

Review has, however, handled this as two separate requests - Acupuncture with Infra Lamp six sessions and Kinesio Tape to left elbow/wrist and bilateral feet. Only one progress report dated 06/05/15 is available for review. As per the report, the purpose of this request is "to decrease pain and increase range of motion." ODG guidelines, however, do not support the use of Kinesio tape. Hence, the request is not medically necessary.