

Case Number:	CM15-0142262		
Date Assigned:	08/03/2015	Date of Injury:	10/15/2013
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on 10.15.13 from standing for prolonged timer periods affecting both knees. He currently complains of right knee pain at the anteromedial aspect. On examination of the left knee there was pain with direct palpation of insertion site of the vastus lateralis; right knee there was discomfort at the anteromedial aspect, positive bounce home test, positive McMurray's with no instability noted. Medications were Cymbalta, Uroxatral, Ativan, and Norco. Diagnoses include bilateral knee arthritis, status post left knee total knee arthralpsy (4-7-14); bilateral knee pain right worse than left improved. Treatments to date include physical therapy; viscosupplementation injections. In the progress note dated 7-2-15 the treating provider's plan of care includes a request for a case of 2 inch Kinesio tape so he can continue taping his right knee as instructed by physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one case of 2-inch 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, Knee and leg chapter, Kinesio tape.

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

Decision rationale: Pursuant to the Official Disability Guidelines, purchase one case of 2 inch kinesio tape is not medically necessary. Kinesio tape is not recommended. There are no quality studies covering used in the knee and the preliminary pilot study concluded taping had no effect on muscle strength. In this case, the injured worker's working diagnoses are bilaterally arthritis; status post left total knee arthroplasty; and bilateral knee pain right worse than left. The date of injury is October 15, 2013. Request for authorization is July 13, 2015. According to a June 11, 2015 progress note, the injured worker received hyaluronic acid injections to treat the right knee arthritis with improvement. He is currently attending physical therapy for the left knee. The physical therapist has been taping his left knee. This provides a great deal of relief of the left knee pain. Objectively, range of motion is 0 to 120. There is a positive McMurray's. Anterior drawer is negative and posterior drawer is negative. The guidelines do not recommend Kinesio tape. Consequently, absent guideline recommendations for Kinesio tape, purchase one case of 2 inch kinesio tape is not medically necessary.