

<b>Case Number:</b>	CM15-0166904		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old female, who sustained an industrial injury on 11-11-2014. On provider visit dated 08-10-2015 the injured worker has reported pain in left shoulder. On examination the left shoulder was noted to have decreased range of motion and pain in the low back. The diagnoses have included left shoulder strain- sprain and myofascial pain - chronic, left shoulder impingement syndrome and adhesive capsulitis-chronic and chronic pain syndrome. Treatment to date has included medication. The provider requested sports tape to facilitate the injured workers independent rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sports 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 (ODG), Kinesio tape (KT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** This injured worker has chronic shoulder pain and the request is for sports tape. The exact rationale is listed to facilitate the rehabilitation program. Immobilization of the shoulder is used for only briefly for severe symptom control. Long-term use of immobilization is not supported by strong evidence. The request for using tape as a means of immobilization during exercise is not medically necessary or substantiated in the records.