MAXIMUS Federal Services

Case Number:	CM15-0185711		
Date Assigned:	09/25/2015	Date of Injury:	08/04/2010
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 39 year old male who sustained an industrial injury on 8-4-10. A review of the medical records indicates he is undergoing treatment for right ankle pain, right ankle arthritis, right tarsometatarsal joint arthritis, and right peroneus brevis longus tendinitis - resolving. Medical records (8-20-15 to 8-21-15) indicate continued complaints of right ankle pain. The injured worker is noted to have completed 12 sessions of physical therapy, for which he attributes to a decrease in pain. He reports that prior to therapy, his pain rating was "6 out of 10" and is now down to "4 out of 10". He also reports improvement in numbness and tingling. The treating therapist indicates that "the treatments that provided him the most benefit and have been long lasting have been the kinesio taping and the use of a rapid release technique device" (8-19-15). The physical exam (8-21-15) reveals "only slight pain and swelling" along the peroneus brevis tendon and longus on direct palpation. The report states "he does have some discomfort with articulation in the forefoot". Muscle strength testing is within normal limits. Diagnostic studies are not included in the reviewed records. The effects of his symptoms, as well as the treatment, on activities of daily living are not addressed in the reviewed records. Treatment has included physical therapy and medications. He is status post open reduction internal fixation of bimalleolar fractures in 2010, which was industrial-related. As of 8-21-15, the injured worker was noted to be working. The utilization review (9-2-15) indicates a request for authorization of a case of 2-inch kinesio tape and a rapid release technique device. Both requested services were deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Case of 2 inch kinesio tape: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, taping is recommended after the acute phase to avoid exacerbation and for prevention of future injury. In this case, the claimant received significant benefit from kinesio taping which is routine used and standard practice in lower extremity injuries with laxity, lack of proprioception, and pain. The request for kinesio taping is medically necessary.

Rapid release technique device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: Rapid release is a scar releasing technology that uses vibrational frequencies. According to the guidelines, stimulation, laser compression, pulse devices, etc are an option and not routinely recommended. In this case, the claimant has undergone physical therapy which can manipulate the joint and soft tissue without the need to require long-term scar releasing tools. The length of use frequency, location, etc was not specified. The request for the rapid release is not medically necessary.