

<b>Case Number:</b>	CM15-0187330		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 35-year-old female with a date of industrial injury 9-26-2008. The medical records indicated the injured worker (IW) was treated for lumbar strain, left sacroiliac pain and left hip and leg pain. In the 9-3-15 progress notes, the IW reported constant thoracolumbar pain rated 8 to 9 out of 10 and occasional left hip pain rated 5 to 6 out of 10. The records included only one other date of service, 3-12-15, which documented her back pain as occasional and 7 out of 10; her left hip pain was occasional and rated 8 to 9 out of 10. She was taking Ibuprofen. Objective findings on 3-12-15 and 9-3-15 included deep tendon reflexes of 2+, diminished sensation over the entire left leg, manual motor testing 5 out of 5 and negative straight leg raising. There was pain to palpation over the left sacroiliac joint, gluteus medius, tensor fascia lata, piriformis and thoracic spine. Treatments included TENS unit trial (with 50% pain relief), weight loss, heat and bracing. A Request for Authorization was received for Kinesio taping of the left thigh and hip 99070. The Utilization Review on 9-14-15 non-certified the request for Kinesio taping of the left thigh and hip 99070.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kinesio taping of the left thigh and hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://aetna.com/cpb/medical/data/300\\_399/0325.html](http://aetna.com/cpb/medical/data/300_399/0325.html) (last accessed 09/11/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Kinesio tape and Other Medical Treatment Guidelines Effects of kinesio taping on lumbopelvic-hip complex kinematics during forward bending. Soo-Yong Kim, PT, MSc,<sup>1</sup> Min-Hyeok Kang, PT, MSc,<sup>1</sup> Eui-Ryong Kim, PT, MSc,<sup>1</sup> Gyoung-Mo Kim, PT, PhD,<sup>2</sup> and Jae-Seop Oh, PT, PhD<sup>3</sup>. J Phys Ther Sci. 2015 Mar; 27 (3): 925-927. Published online 2015 Mar 31. doi: 10.1589/jpts.27.925 PMID: PMC4395744.

**Decision rationale:** MTUS and ACOEM are silent concerning the use of kinesio tape. ODG states in the knee and leg chapter "not recommended. There are no quality studies covering use in the knee, and this preliminary pilot study in the knee concluded that Kinesio taping had no effect on muscle strength". In addition a March 2015 article that studied the effects of lumbopelvic-hip complex states "Our results indicate that KT does not influence in the angle of pelvic anterior tilt or hip flexion during lumbar forward bending. Thus, KT is not appropriate as an intervention for the improvement of the movement pattern." As such the request for Kinesio taping of the left thigh and hip is not medically necessary.