

Case Number:	CM15-0196747		
Date Assigned:	10/12/2015	Date of Injury:	08/01/2014
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female who sustained an industrial injury on 08-01-2014. According to a progress report dated 09-14-2015, the injured worker reported right shoulder pain and increased headache. "Acupuncture tolerated well" was noted. A good home exercise program was also noted. Sleep issues were reported. Gabapentin improved pain. Lidopro ointment and TENS were helpful. Objective findings included decreased right hand grip, color changes, well healed surgical scars, tenderness to palpation in GH and deltoids and cervical paraspinal musculature. Posture was poor. Diagnoses included status post right shoulder surgery 11-2014, rotator cuff capsule tear, bicipital tendinosis partial tear, sleep disorder (failed Lunesta), gastritis, cervical radiculopathy and myofascial pain. The treatment plan included scapula taping bio feedback, Cyclobenzaprine and continuation of Gabapentin and Lidopro cream, home exercise program, TENS, self TPT and acupuncture. The provider noted that the injured worker would benefit from trigger point injection. The injured worker was to remain off work. An authorization request dated 09-14-2015 was submitted for review. The requested services included Cyclobenzaprine and scapula taping bio feedback. On 09-24-2015, Utilization Review non-certified the request for scapula taping bio feedback and authorized the request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scapula taping-bio feedback: 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) Shoulder: 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) Shoulder (Acute & Chronic), Kinesio tape (KT).

Decision rationale: The MTUS guidelines are silent on the use of tape. Per the ODG guidelines with regard to Kinesio tape: 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 nonstretch tape. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. The suppliers make claims of neuromuscular re-education. As the evidence based guidelines do not support the use of taping for the cited diagnosis, the request is not medically necessary.