

Case Number:	CM15-0217927		
Date Assigned:	11/09/2015	Date of Injury:	06/13/2011
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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: North Carolina
 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 65 year old male, who sustained an industrial injury on 06-13-2011. He has reported injury to the neck. The diagnoses have included cervicalgia; cervical disc disease; cervical facet syndrome; cervical radiculopathy; bilateral shoulder sprain-strain; and bilateral shoulder impingement. Treatment to date has included medications, diagnostics, activity modification, injections, cervical epidural steroid injection, and home exercise program. Medications have included Lidoderm patch. A progress report from the treating physician, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported neck pain, which he rated at 4 out of 10 in intensity on a pain scale; the pain is described as cramping all the time; the pain in the left shoulder has decreased; he "got more than 60% better" after he underwent a second bilateral C4-C5 and C5-C6 transfacet epidural steroid injection, on 08-17-2015; and he was able to walk longer, move, and sit. In a progress note, dated 09-23-2015, the injured worker reported neck and upper back pain, more on the left; the pain is rated at 3 out of 10 in intensity; the right shoulder pain is a lot better following bilateral subacromial injections; and left periscapular pain. Objective findings included cervical spine tenderness to palpation of the left paravertebral muscles, trapezius, and rhomboid; bilateral shoulder with tenderness to palpation of the right subacromial regions; and there is tenderness to palpation at the left trapezius and rhomboid. The treatment plan has included the request for purchase of medical supply-Kinesio tape (in house). The original utilization review, dated 10-06-2015, non-certified the request for medical supply-Kinesio tape (in house).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Medical Supply/Kinesio Tape (in house): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.