MAXIMUS Federal Services

Case Number:	CM15-0041308		
Date Assigned:	03/11/2015	Date of Injury:	05/12/2005
Decision Date:	04/21/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who sustained a work related injury May 12, 2005. Past history includes bilateral ankle injuries associated with peroneal tears, s/p right ankle surgery, bilateral plantar fasciitis and abductor halluces brevis tendinitis, right. According to a treating physician's progress notes, dated February 5, 2015, the injured worker presented for further evaluation of the lower extremities. She complains of intermittent discomfort with the right foot and ankle and burning on the top of her left foot which has been an ongoing problem with nerve neuritis. She is not using the removable boot but is using the ASO (ankle stabilizing orthosis) braces 2-3 times a week, wears a stable walking shoe and feels most comfortable at home without any shoe in place. She uses Kinesic tape on a daily basis, taping both ankles and feet. She just completed 6 visits of physical therapy with relief for plantar fasciitis. Treatment plan included Lidoderm patches, additional 6 physical therapy visits and 4 rolls of Kinesic tape. Diagnoses are documented as acute or chronic bilateral foot pain, s/p multiple surgeries; chronic pain syndrome; opioid tolerance; obesity; and s/p right ulnar transposition surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinesio 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) Ankle & Foot (updated 12/22/14).

MAXIMUS guideline: Decision based on Non-MTUS Citation ODG, Ankle & Foot, Kinesio tape (KT).

Decision rationale: The patient presents with chronic bilateral foot and ankle discomfort from ankle injuries and associated peroneal tears. The current request is for Kinesio tape. The treating physician states on 2/5/15 that the patient continues with the Kinesio tape on a daily basis and she tapes both her ankles and her feet and she finds that this is more helpful. MTUS is silent with regards to Kinesio tape. ODG states the following with regards to Kinesio tape: not recommended. The efficacy of kinesio tape in preventing ankle sprains is unlikely as it had no effect on muscle activation of the fibularis longus, and kinesio tape had no significant effect on mean or maximum muscle activity compared to no tape. In this case, the treating physician has documented the patient's use of the Kinesio tape however, given that the ODG guidelines do not recommend the use of the tape the current request is not medically necessary and the recommendation is for denial.