MAXIMUS Federal Services

Case Number:	CM15-0053596		
Date Assigned:	03/27/2015	Date of Injury:	04/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64-year-old male, who sustained an industrial injury on 04/21/2012. He has reported subsequent neck and back pain and was diagnosed with sprain/strain of the cervical and lumbar spine and cervicogenic headaches. Treatment to date has included oral pain medication, bracing and acupuncture. In a progress note dated 03/03/2015, the injured worker complained of neck and shoulder pain. Objective findings were notable for tenderness to palpation of the cervical paraspinal muscles. A request for authorization of Kinesiotape was made without an explanation as to the reason for the request.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Kinesio Taping.

Decision rationale: Regarding the request for Kinesio tape, California MTUS and ACOEM do not contain criteria for this request. ODG states that Kinesio tape is under study. Within the documentation available for review, it is unclear what diagnosis Kinesio tape is being recommended for. Additionally, there is no indication that the patient has been appropriately trained in the proper application of Kinesio tape including proper tension, as discussed in ODG. In the absence of such documentation, the currently requested Kinesio tape is not medically necessary.