

Case Number:	CM15-0058164		
Date Assigned:	04/02/2015	Date of Injury:	06/15/2013
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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: Massachusetts

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:

This 39 year old male sustained an industrial injury to the back and left knee on 6/15/13. Previous treatment included magnetic resonance imaging, left knee arthroscopy, physical therapy, chiropractic therapy, home exercise and medications. In a PR-2 dated 2/27/15, the injured worker reported that Rock tape was helpful for the knee and back pain. The injured worker complained of ongoing low back pain. Physical exam was remarkable for a slowed gait, tender plica and medial and lateral right infrapatellar facets with mild right knee effusion. Current diagnoses included left knee meniscus tear status post arthroscopy, lumbar spine sprain/strain and right knee sprain/strain. The treatment plan included six visits of pain management counseling, right knee x-ray, medication (Celebrex) and weaning Voltaren gel, awaiting authorization for a functional restoration program and requesting authorization for Kinesio tape.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinesio tape to support stability to the lumbar spine and knee: 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).

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 claimant is nearly 2 years status post work-related injury and continues to be treated for knee and low back pain. Rock Tape is a brand of kinesiotape, which is intended to stimulate blood flow and reduce swelling. It 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. Although it has gained significant popularity in recent years, there is a paucity of evidence on its use. Its use is not supported and not recommended. This request is therefore not medically necessary.