

Case Number:	CM14-0163799		
Date Assigned:	10/08/2014	Date of Injury:	07/07/1998
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60 year-old female with date of injury 07/07/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective findings as bilateral knee pain. Patient underwent an MRI of the left knee on 05/23/2013 which was positive for joint effusion and patella alta. Objective findings: Tenderness to palpation in the bilateral knee joint which was worse medially. Right knee flexion was 120 degrees, left knee flexion was 110 degrees. Minimal swelling noted in the bilateral knee medially. Dysesthesia to light touch in the left knee on the medial aspect and the proximal leg. Strength was 5/5 in bilateral lower extremities. Reflexes were 2+ at the bilateral knee and 1+ at the bilateral ankle. Diagnosis: 1. Bilateral knee pain 2. Pes bursitis 3. Possibility of underlying degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Black kinesio tex gold (2 inches wide by 103 feet): 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), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Kinesio tape (KT)

Decision rationale: According to the Official Disability Guidelines, Kinesio tape (KT) is not recommended. There are no quality studies covering use in the knee, and this preliminary pilot study in the knee concluded that Kinesio taping had no effect on muscle strength. Kinesio tape (KT) is not medically necessary.