

Case Number:	CM15-0110817		
Date Assigned:	06/17/2015	Date of Injury:	08/19/2014
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 8/19/14. Initial complaints were not reviewed. The injured worker was diagnosed as having shoulder region disease NEC; cervical disc degeneration; neck sprain; brachial neuritis NOS; cervical disc displacement. Treatment to date has included physical therapy; medications. Diagnostics included MRI arthrogram right shoulder (11/19/14; MRI cervical spine (11/10/14). Currently, the PR-2 notes dated 2/18/15 indicated the injured worker complains of shoulder and cervical pain that has improved but slower than expected. The treatment has been physical therapy. A MRI arthrogram right shoulder dated 11/19/14 impression low grade partial thickness tearing at the anterior aspect of the supraspinatus tendon with underlying cuff tendinosis. No full thickness rotator cuff tear is identified. Mild tendinosis of the long head of the biceps tendon proximally. There are mild degenerative changes within the glenohumeral joint including mild chondral thinning with minimal fraying of the anterior labrum; mild degenerative changes of the acromioclavicular joint. The MRI of the cervical spine dated 11/10/14 impression notes degenerative disc disease within the cervical spine most prominent at C4-5 through C6-7. At C4-5 there is a 2mm diffuse disc bulge, osteophyte complex extending into the foraminal regions bilaterally; mild central canal narrowing. There is facet arthropathy and uncovertebral hypertrophy contributes to moderate to severe foraminal narrowing on the left and moderate foraminal narrowing on the right. At C5-6 there is diffuse disc bulge/osteophyte complex measuring approximately 4mm and extending to the foraminal regions bilaterally. There is severe narrowing of the central canal with AP diameter of the thecal sac measuring 5-6mm with

flattening of the ventral aspect of the cord. Severe foraminal narrowing bilaterally is noted. At C6-7 there is diffuse disc bulge/osteophyte complex measuring up to 4mm and extending into the foraminal regions greater on the left. There is moderate central canal stenosis; severe foraminal narrowing, greater on the left with encroachment on the existing nerve roots. The provider does not document any additional examination information on this note. He is requesting acupuncture with infra lamp 2x3 and Kenesio tape 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinesio tape 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Kinesio tape.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, Neck and Upper Back, Kinesio tape (KT).

Decision rationale: The requested Kenesio tape 2 x 3 is not medically necessary. CA MTUS is silent. Official Disability guidelines, Neck and Upper Back, Kinesio tape (KT) noted: "Under study. Patients with acute WAD receiving an application of kinesio taping, applied with proper tension, exhibited statistically significant improvements immediately following application and at a 24-hour follow-up. However, the improvements in pain and cervical range of motion were small and may not be clinically meaningful." The injured worker has shoulder and cervical pain that has improved but slower than expected. The treatment has been physical therapy. The treating physician has not documented sufficient evidence of long-term functional improvement with use of this DME. The criteria noted above not having been met, Kenesio tape 2 x 3 is not medically necessary.