

<b>Case Number:</b>	CM15-0122981		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/24/2000
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 60 year old male, who sustained an industrial injury on 7/24/2000. Diagnoses include degenerative joint disease and pin bilateral knees. Treatment to date has included surgical intervention (bilateral knees), and conservative measures including viscosupplementation. Per the Consulting Physician's Interim Report dated 5/14/2015, the injured worker was documented as doing pretty well from a symptom standpoint, six months after his viscosupplementation. Physical examination is not documented at this visit. The plan of care included, and authorization was requested for a home health aide due to the disability from his knees having progressed to the point where it is difficult for him to do anything around the household. Kinesio tape was also requested to aid in his range of motion and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35 hours per week. Patient is not bed or homebound. Request is not for any medical treatments but for activities considered "homemaker" services which are not an indication. Home health aid is not medically necessary.

**Kinesio Tape:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Taping.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee and leg>, <Kinesio tape (KT)> and Other Medical Treatment Guidelines <Montalvo AM, Cara EL and Myer GD; Effects of Kinesiology taping on pain in individuals with musculoskeletal injuries: systematic review and meta-analysis Phys Sports med. 2014 May; 42(2): 48-57>.

**Decision rationale:** Kinesio taping is a method of taping believed to reduce pain. MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. Official Disability Guidelines has sections related to taping of limbs and neck. As per ODG, it is not recommended with negative studies showing any benefit. Review of literature shows limited studies or evidence to support efficacy and any benefit found is minimal. Kinesio taping is not medically necessary.