

Case Number:	CM15-0175373		
Date Assigned:	09/16/2015	Date of Injury:	12/27/2006
Decision Date:	10/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 12-27-06. The injured worker was diagnosed as having carpal tunnel syndrome bilateral; forearm strain bilateral; encounter long-term use of other medications; sprains-strains bilateral wrists not otherwise specified. Treatment to date has included physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 8-20-15 indicated the injured worker returns to this office. The provider documents "returns stating the kinesio tape used last time for muscle extensor support was helpful in decreasing pain and letting her do her job" with less pain. She would like to order some tape. He documents "She is using TENS unit roughly daily when having flares. Otherwise, she uses it every other day. Pain recently increased, patient has forgotten to do exercises, trying to minimize need for medication." She reports she is taking ibuprofen only with severe flare-ups. No need for refills. She has tried to stop using Lidocaine patches. The provider documents the physical examination is unchanged from her previous visit. He documents "Wrists: both tenderness on palpation: Palmar wrist (+) no pain with ROM today (pain comes and goes) right first metacarpal with slight aching pain." His treatment plan includes continue with TENS pads, contrast baths and home heating pad use and request Kinesio tape to bilateral wrists and extensors. She was encouraged to use her wrist braces in the PR-2 note dated 12-23-14. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-31-15 and non-certification was Rock Tape-Kinesio Tape 1.5 inch width to bilateral wrists and extensors x1. Utilization Review non-certified the Rock Tape-Kinesio Tape 1.5 inch width to bilateral wrists and extensors x1 stating "There is inadequate justification for the medical necessity for the rock

tape, as opposed to a brace (which does help also according to note 3-26-15). There is no documentation to support the use of the rock tape-kinesio tape over the use of the brace and TENS unit, both of which the injured worker had been using with some functional improvement." The provider is requesting authorization of Rock Tape/Kinesio Tape 1.5 inch width to bilateral wrists and extensors x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rock Tape/Kinesio Tape 1.5 inch width to bilateral wrists and extensors x1: 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) online Shoulder Chapter; Knee Chapter; Ankle and Foot Chapter Kinesio Tape (KT).

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 sustained a work injury in December 2006 and is being treated for bilateral upper extremity pain. When seen she was using TENS and kinesio tape with benefit. She had forgotten her exercise program. There was no pain with range of motion. She was trying to minimize the use of medications and was also using braces, heat, and contrast baths. Authorization for the kinesio tape is being requested. Rock Tape is a brand of kinesio tape, 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 non-stretch 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 not medically necessary.