

<b>Case Number:</b>	CM15-0038665		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on October 30, 2014. Several documents included in the submitted medical records are difficult to decipher. She reported right wrist and bilateral knee pain. The injured worker was diagnosed as having bilateral knee contusions and right wrist sprain/strain. Diagnostic studies to date included x-rays. Treatment to date has included chiropractic therapy, work modifications, pain and non-steroidal anti-inflammatory medications, and a wrist support. On January 21, 2015, the injured worker reports minimal improvement with chiropractic treatment. She reports having fallen on October 30, 2014, which aggravated her rheumatoid arthritis, then she had to have her right knee aspirated due to swelling and a steroid injection was given the previous week at another facility. The physical exam revealed tenderness to palpation of the right wrist with flexion and extension, tenderness to palpation of the thenar eminence, and decreased range of motion of the right wrist. There was bilateral peripatellar tenderness to palpation, positive patellofemoral compression testing, and positive patellofemoral crepitus. The treatment plan includes continuing chiropractic therapy. The requested treatment is Kinesio tape.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical supply/ Kinesio tape, quantity unspecified Qty: 1.00: Overturned**

**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 ODG and knee chapter- taping pg 64.

**Decision rationale:** According to the guidelines, taping is recommended for patellofemoral pain syndrome, but not for arthritis. Patellar taping has been shown to reduce pain in patients with patellofemoral pain syndrome, and the mechanism of pain reduction seems to be patellar realignment. In this case, the claimant does have a positive patella compression testing. The request for taping is appropriate. The request for kinesio tape is medically necessary.