

<b>Case Number:</b>	CM15-0071990		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: North Carolina

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 35 year old female who sustained an industrial injury on 09/26/2008. Current diagnoses include lumbar strain, left sacroiliac pain, and left hip and leg pain. Previous treatments included medication management, lumbar brace, and acupuncture. Report dated 03/12/2015 noted that the injured worker presented with complaints that included thoracolumbar pain and left hip pain. Pain level was 7 out of 10 (thoracolumbar) and 8-9 out of 10 (left hip) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included dispensed Theracane, request for kinesio taping, prescribed medications, request for TENS purchase, psychological pain counseling, reviewed exercises, dispensed lumbar brace, and return in one week for acupuncture. Disputed treatments include kinesio tape.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kinesio tape:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter (Acute & Chronic) [http://www.aetna.com/cpb/medical/data/300\\_399/0325.html](http://www.aetna.com/cpb/medical/data/300_399/0325.html) (last accessed 04/02/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, kinesio tape.

**Decision rationale:** The California MTU and the ACOEM do not specifically address the requested service. The ODG does not recommend kinesio tape for decreasing pain or increasing function. There is a paucity of evidences supporting its use and therefore the request is not medically necessary.