

Case Number:	CM15-0074129		
Date Assigned:	04/24/2015	Date of Injury:	08/13/2013
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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: New York, Tennessee
 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 39-year-old female, who sustained an industrial injury on August 13, 2013. The injured worker was diagnosed as having lateral epicondylitis right elbow and de Quervain's tenosynovitis. Treatment and diagnostic studies to date have included surgery, acupuncture, physical therapy and medication. A progress note dated March 10, 2015 provides the injured worker complains of right elbow pain and tenderness with a bump at surgical site of De Quervain's release. She reports her progress has slowed down. Physical exam notes slight tenderness of the wrist with full range of motion (ROM). There is tenderness of the right elbow. The plan includes physical therapy, injection, and medication and there is a request for Kinesio tape.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Occupational Therapy to The Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case, the patient had undergone surgical release of the right wrist for deQuervain's tenosynovitis and completed the recommended number of post-surgical physical medicine visits. An additional 4 visits were authorized. There is no documentation of transitioning to a home exercise program Documentation in the medical record does not support the necessity for an additional 12 visits. The request is not medically necessary.

1 Roll of 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Kinesio tape.

Decision rationale: Kinesio tape is not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. (Thelen, 2008) Tape 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. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. The request is not medically necessary.