

Case Number:	CM15-0076402		
Date Assigned:	04/28/2015	Date of Injury:	01/08/2014
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 29 year old female, who sustained an industrial injury on 1/8/2014. Diagnoses have included lumbar spine sprain/strain and right wrist sprain/strain. Treatment to date has included chiropractic treatment. According to the progress report dated 4/15/2015, the injured worker complained of low back pain. She also complained of occasional sharp pain down both legs. She also complained of wrist pain. Exam of the lumbar spine revealed tenderness. Exam of the right wrist revealed tenderness. The treatment plan was for acupuncture. Authorization was requested for medical supply/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, qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (online) - 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) Neck section, Kinesio tape.

Decision rationale: Pursuant to the Official Disability Guidelines, medical supply/Kinesio tape is not medically necessary. Kinesio tape is under study. Patients with acute WAD receiving application of kinesio taping, applied with proper tension, exhibited statistically significant improvement immediately following application and at 24 hour follow-up. However, the improvement in pain and cervical range of motion were small and may not be clinically meaningful. In this case, the injured worker's working diagnoses included sprained ligaments lumbar spine, carpal tunnel syndrome, sacrococcygeal disorders not elsewhere classified; sprain and strain of hand and wrist and lesion of ulnar nerve. Kinesio tape is under study. Kinesio taping is not a first-line treatment. The injured worker should receive acupuncture and then be reassessed for second line treatment. The documentation from the treating orthopedist is largely illegible. The medical records contained a 10 page medical record. According to a progress note by the treating orthopedist dated April 15, 2015, the provider's treatment plan included a soft wrist wrap for daytime support (unable to read remainder of sentence). There is no clinical indication or rationale for the kinesio tape. Kinesio tape is under study. Consequently, absent legible clinical documentation with a clinical indication and rationale for Kinesio tape, medical supply/Kinesio tape is not medically necessary.