

<b>Case Number:</b>	CM14-0123775		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 50 year old male with date of injury 05/29/12. The treating physician report dated 05/15/14 (84) indicates that the patient presents with right knee and left shoulder pain. The physical examination findings reveal decreased ROM in the left shoulder with forward flexion at 140/180, abduction at 140/180 and internal rotation is S1. Right Knee ROM is normal. MRI findings from 11/06/12 show focal 70% partial tear of the articular surface of the main body of the supraspinatus tendon. The current diagnoses are: 1. Right Knee (ILLEGIBLE) PG 902. Bilateral hand sprain 3. Bilateral shoulder sprain 4. Lumbar spine sprain The utilization review report dated 7/22/14 denied the request for LINT based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LINT sessions x 6:** 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), Treatment in Workers Compensation (TWC), Low back chapter, 2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back Chapter, Hyperstimulation analgesia.

**Decision rationale:** The patient presents with knee, shoulder, and low back pain. The current request is for LINT sessions x 6. The report dated 05/16/14 does not indicate which complaint the current request would be assisting. The MTUS Guidelines do not address LINT. The ODG Guidelines lumbar chapter states for Hyperstimulation Analgesia, "Not recommended until there are higher quality studies." The current request for LINT is still considered investigational and is not supported by ODG. Recommendation is for denial.