

<b>Case Number:</b>	CM15-0163388		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 52 year old female, who sustained an industrial injury on 5-20-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having left elbow sprain/strain, left carpal tunnel syndrome, left wrist internal derangement and left hand tenosynovitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-10-2015, the injured worker complains of mild left elbow pain, moderate left wrist pain and mild left hand pain. Physical examination showed tenderness to the left wrist, left elbow and left hand pain. The treating physician is requesting Localized intense neurostimulation therapy (LINT) for the left hand, left wrist and left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized intense neurostimulation therapy (LINT) for the left hand, left wrist and left elbow:** 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), Low Back - Lumbar & Thoracic, Localized high-intensity neurostimulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back section, Localized intense neurostimulation therapy (LINT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, Localized Intense Neurostimulation Therapy (LINT) to the left hand, left wrist and elbow is not medically necessary. LINT or hyperstimulation analgesia is not recommended until there are higher quality studies. See guidelines for additional details. In this case, the injured worker's working diagnoses are left elbow sprain strain; left carpal tunnel syndrome; left wrist internal derangement; and left hand tenosynovitis. Date of injury is May 20, 2013. Request authorization is June 10, 2015. According to a June 10, 2015 progress note, the injured worker complains of pain in the left elbow wrist and hand. Objectively, there is tenderness to help patient in the left elbow wrist and hand. Range of motion is otherwise full. Motor function is normal at 5/5 and there were no sensory deficits. The treatment plan does not contain a request or clinical discussion for localized intense stimulation therapy. There is no clinical indication or rationale for localized intense stimulation therapy. The request for authorization does not contain a clinical entry for localized intense stimulation therapy. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no clinical documentation with the clinical indication and rationale for localized intense stimulation therapy and no clinical entry in the request for authorization for localized intense stimulation therapy, Localized Intense Neurostimulation Therapy (LINT) to the left hand, left wrist and elbow is not medically necessary.