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| Case Number: | CM15-0025376 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 03/31/2008 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old male sustained an industrial injury on 3/31/08. He subsequently reports back, shoulder, elbow, wrist and left knee pain. The injured worker has undergone left shoulder rotator cuff surgery and left knee surgery. Treatments to date have included prescription pain medications and physical therapy. On 1/27/15, Utilization Review non-certified a request for Special Service/Proc/Report. The Special Service/Proc/Report was denied based on MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Service/Proc/Report: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS, ODG, Medical treatment guidelines, National Clearinghouse did not provide any evidenced-based recommendations and/or scientific literature addressing the issue at dispute.

Decision rationale: Review noted special service/Proc/Report is for LINT procedure. Review of ACOEM, MTUS, ODG, National Clearing House, National Library of Medicine, etc. Guidelines are silent on localized intense neuro-stimulation therapy (LINT) and treatment appears to be experimental. Submitted reports have not provided any description of this procedure, its intended use or necessity to treat this patient diagnoses, relieving symptoms and providing functional improvement. The provider has not provided any evidence-based studies to support this treatment requests. The Special Service/Proc/Report for LINT is not medically necessary and appropriate.