

<b>Case Number:</b>	CM15-0086957		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on 01/17/2013. He has reported injury to the right shoulder and back. The diagnoses have included right shoulder rotator cuff syndrome; shoulder biceps tendinitis; shoulder rotator cuff tear; shoulder impingement; and status post right shoulder rotator cuff repair, bicep tenodesis, decompression, and labral debridement. Treatment to date has included medications, diagnostics, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right shoulder, seven weeks post-surgery; taking Norco twice daily; and has difficulty sleeping. Objective findings included decreased range of motion. The treatment plan has included the request for home H-wave device, indefinite use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device, indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H-wave stimulation (HWT).

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. A comprehensive metabolic panel (CMP) is a group of blood tests that generally look at the salt balance in the blood, blood sugar level, kidney function, and liver function. A complete blood count (CBC) is a panel of laboratory blood tests that look closely at the components of the blood in several different ways. Platelets are elements in the blood that aid in clotting to stop bleeding. The submitted and reviewed documentation indicated the worker was experiencing pain and stiffness in the right fingers 1, 2, and 3. These records did not mention signs or symptoms suggesting a problem that would be shown with these panels of blood tests or indicate the worker was taking a medication that required monitoring with all of these studies. There was no discussion suggesting the reason this panel of blood tests was necessary in this setting. In the absence of such evidence, the current request for a comprehensive metabolic panel, a complete blood count, and platelet testing is not medically necessary.