

<b>Case Number:</b>	CM14-0006463		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 59-year-old female with a 1/18/13 date of injury to her back after tripping on the cement and falling on her left side, injuring her back. The patient was treated for her fall and discharged from care on 2/19/13. She was then seen by the same physician on 6/24/13 for a follow up evaluation of her lower back pain which apparently did not improve with physical therapy, exam findings included cervical para-spine tenderness from C3-C8 and she was placed on NSAIDS and analgesics, work restriction, and a back brace. The patient switched physicians at the request of her attorney and was seen on 7/15/13 by a different physician who noted multiple complaints including the spine, pelvis, and severe right shoulder pain 8/10. The patient was noted to be on Lisinopril at this time. Exam findings revealed a blood pressure of 172/101, with tenderness to the right shoulder and spasms. She was again seen by the same physician on 11/25/13 with a blood pressure reading of 182/91 (the progress note was mostly illegible) complaining of right shoulder pain 8/10 where she was diagnosed with right rotator cuff syndrome, and shoulder sprain and strain. Treatment to date: physical therapy, medications management, back brace, acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT) FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** CA MTUS states that physical modalities, such as ultrasound treatment, are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral; with high energy extracorporeal shock wave therapy recommended for calcifying tendinitis of the shoulder. The patient does not have a diagnosis of calcifying tendinitis. In addition, there are scant physical findings in the documentation provided with regard to the patient's right shoulder. Therefore, the request as submitted was not medically necessary.

**INTERNAL MEDICINE CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES- REFERRAL, page 92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, pages 127 and 156.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This patient was apparently being referred for elevated blood pressure, but there was no blood pressure reading on 11/25/13. There was one blood pressure reading of 182/91 with a pulse of 59 on 10/21/13. She was also noted to weight 207 pounds and be 5 feet 3 inches tall, and have a pain level of 6-8/10. There can be many causes for high blood pressure, such as uncontrolled pain. Three measurements of blood pressure on three different occasions should be documented with variables such as pain controlled in order to obtain an accurate diagnosis of hypertension. In addition, the patient was noted to be on Lisinopril on 7/15/13 but it is unclear who was prescribing this, what dose she was on, if the dose was being adjusted, and when she started the medication. Therefore, the request for an internal medicine consult was not medically necessary.