

<b>Case Number:</b>	CM14-0015933		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Preventive Medicine and is licensed to practice in Texas. 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:

The injured worker is a 38 year old male with a past history of bilateral knee surgeries was riding a motorcycle on 09/03/2013 when the motorcycle was hit by a car, resulting in injuries to his shoulder and knee. He has been experiencing sharp, throbbing or burning pain in his left shoulder. The pain is constant, spreads to his hands, and sometimes to his upper back. It limits him from sleeping. The pain has worsened by any movement involving the shoulder; and it is associated with stiffness. Similarly, the pain in his left knee has persisted. It is a constant pain that is sometimes associated with swelling, and weakness. The pain spreads to the surrounding areas. The examination showed normal shoulder range of movement, limited range of movement of his spine, features of left shoulder impingement, and tenderness in the outer aspect of his left knee. His doctor diagnosed him of other affectations of shoulder region not elsewhere classified, Pes Anserinus Tendinitis or Bursitis. He has been treated with Ambien, Aleve, Ultram, Prilosec, Terocin patch, and Relofen, as well as physical therapy, but the pain has persisted. A MRI of the left shoulder and left knee are unremarkable but for mild degenerative disease of the acromioclavicular joint. The injured worker attributed his rising blood pressure to the pain, consequently, his doctor referred him for Internal Medicine Evaluation but this was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti inflammatory drugs Page(s): 69.

**Decision rationale:** The injured worker had a blood pressure of 133/90 on 09/03/13; 136/90 on 09/04/13; 134/83 on 09/10/13; and 153/97 during the ER visit of 9/13/14. We do not know what his blood pressure readings were prior to the injury; however the available records show a progressive rise in his blood pressure. This could be due to the Aleve, a Non-steroidal anti-inflammatory agent (NSAIDs), recognized by the MTUS as being able to increase blood pressure by an average of 5 to 6 mm in patients with hypertension, or cause fluid retention, edema, and sustained blood pressure elevation in the elderly. Since the NSAIDs are first line agents, it is appropriate for him to be referred for blood pressure control in order to continue with his treatment. Therefore, the request is medically necessary.