

<b>Case Number:</b>	CM14-0067910		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Internal Medicine and is licensed to practice in California. 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 40 year old female who reported an injury to her right shoulder, elbow, hand, wrist, and fingers when she was injured on 02/20/14 during a work related incident as a massage therapist. The injured worker described the client was in a difficult and awkward position resulting in a snapping sensation throughout the right upper extremity. The clinical note dated 02/24/14 indicated the injured worker rating the pain as 4/10. Upon exam, tenderness and spasms were identified upon palpation throughout the right upper trapezius and rhomboid area. No range of motion deficits were identified at the shoulders. Grip strength was identified at the right hand. The injured worker was prescribed the use of medications to include Cyclobenzaprine and Tramadol at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (2/25/14) Pain Evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503

**Decision rationale:** The documentation indicates the injured worker having sustained a right upper extremity injury as a result of a work related massage related incident while working as a massage therapist. The clinical note from 02/24/14 indicates the injured worker rating the right upper extremity pain as 4/10. The injured worker had been prescribed the use of pain medications. There is an indication the injured worker had strength deficits identified in the right upper extremity. However, it is unclear how the injured worker would benefit from an additional pain evaluation the following day. Therefore, this request is not indicated as medically necessary.