

<b>Case Number:</b>	CM13-0016936		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 44-year-old woman who sustained a work-related injury on April 10, 2013. Subsequently, she developed right upper extremity pain as well as right knee pain. According to the progress report dated on September 10, 2013 the patient's right upper extremity symptoms continue to get worse. It is falling asleep with numbness, tingling, and pain. The patient has been authorized for physical therapy of the right knee. She has had 3 sessions and she has 3 more to go. Her physical examination dated on July 31, 2013 revealed positive Tinel's in the medial elbow and right wrist. There is no evidence of atrophy. Right grip strength is weaker than the left. Ongoing tenderness throughout the right knee. An electrodiagnostic study of the right extremity showed right carpal tunnel syndrome and right ulnar neuropathy. The patient was diagnosed with right shoulder pain, right elbow pain, right wrist pain, right knee pain, carpal tunnel syndrome, and ulnar neuropathies. Her treatment included: physical therapy, wrist splint, Norco, and Motrin. The provider requested authorization for acupuncture and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement is 3 to 6 treatments at a frequency of 1 to 3 times per week. Acupuncture treatments may be extended if functional improvement is documented. Furthermore and according to MTUS guidelines, most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use for forearm, hand and wrist complaints. Therefore, the request for acupuncture for the right upper extremity is not medically necessary.

**OMEPRAZOLE 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to MTUS guidelines, omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20 mg is not medically necessary.