

<b>Case Number:</b>	CM14-0216200		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female with a date of injury of June 4, 2009. Results of the injury include right hand pain. Diagnosis include right ulnar collateral ligament strain/sprain. Treatment has included physical therapy, medications, and diagnostic studies. X-rays of the right thumb in 2013 showed no abnormalities. Magnetic Resonance Imaging of the right hand revealed was noted as unremarkable. Progress report dated December 12, 2014 showed a positive CMC grind test on the right, positive Finklestein's test on the right, positive tenderness at right MP joint, and arthritis at the base of the right thumb. Work status was noted as permanent and stationary. Treatment plan was noted for obtaining an x ray of the right hand, splint, Naproxen sodium, and omeprazole. Utilization review form dated December 17, 2014 non certified X-ray of the right hand, DME: thumb spica splint, and omeprazole 20 mg due to noncompliance with MTUS and Official disability guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines, x-rays of the hands /wrists are recommended for suspected scaphoid fractures. They are not recommended for routine evaluation of the hand. In this case, the injury was years ago. There was a previous x-ray of the thumb and MRI of the hand. There was no mention of a recent injury. An x-ray of the hand is not medically necessary.

**DME: Thumb Spica Splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the guidelines, splinting is first line of therapy for treatment for carpal tunnel syndrome, DeQuervain's and strain. Prolonged splinting is optional and can lead to stiffness. In this case, the injury was 5 years ago. The claimant did not have acute diagnoses of the above. Length of use was no specified. The request for a thumb splint is not medically necessary.

**Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was only using it for GI prophylaxis. Therefore, the continued use of Omeprazole is not medically necessary.