

Case Number:	CM13-0004541		
Date Assigned:	12/11/2013	Date of Injury:	07/21/2009
Decision Date:	03/27/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 physician 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 patient is a 34 year old female with a date of injury of 9/21/2009. Medical records indicate the patient is undergoing treatment for right limb pain, right cubital tunnel syndrome, right medial epicondylitis, right shoulder biceps tenosynovitis, and thoracic outlet syndrome. Treatment has included rib resection in March 2012 with subsequent physical therapy. After initiation of post-operative physical therapy, the patient reported decrease in right shoulder range of motion. Other treatments have included De Quervain's release February 2013 with subsequent occupational therapy. Physical exam findings on 6/17/2013 include "diffuse shoulder tenderness at extremes of motion, but no tenderness of the rotator cuff. Positive Yergason's sign. Positive Speed's test." Subjective complaints include pain in the right elbow region, right shoulder, and right hand. Medications include Oxycodone 15mg three times daily, ibuprofen 800mg daily as needed, Cymbalta 30mg nightly, Baclofen 10mg twice daily, Voltaren 1% topical gel every 4 hours as needed, and Lidoderm patch 5% twice daily. A utilization review dated 7/2/2013 non-certified the treating physician's request of 12 biofeedback sessions for the upper extremity from the right shoulder to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 BIOFEEDBACK SESSIONS FOR THE RIGHT UPPER EXTREMITY FROM THE RIGHT SHOULDER TO THE RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604-605.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BIOFEEDBACK Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Biofeedback

Decision rationale: MTUS states that biofeedback is "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." The treating physician writes on 6/11/2013 the "patient requires a course of biofeedback to enhance the images it effects of medications and therapy". The medical documentation provided did not have progress notes related to any CBT program treatment. Additionally, the treating physician does not indicate intent to utilize biofeedback as an adjunct to CBT treatment. ODG also does not recommend biofeedback, but does state that it "may be useful in the initial conservative treatment of acute shoulder symptoms". While the requested biofeedback included the right shoulder (in addition to right hand), the current shoulder symptoms are chronic in nature and would not meet ODG's recommendation of utilizing biofeedback for acute shoulder symptoms. As such, the request for 12 biofeedback sessions for the upper extremity from the right shoulder to the right hand is not medically indicated.