

Case Number:	CM13-0022441		
Date Assigned:	07/02/2014	Date of Injury:	05/18/2003
Decision Date:	07/31/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family 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 worker is a 66 year old female who was injured on 5/18/2003. She was diagnosed with adhesive capsulitis of the left shoulder, bilateral shoulder pain, bilateral wrist pain, and depressive disorder related to her injury and pain. The worker had been recommended psychotherapy for her depression, which she attended at least 5 times with minimal results. A request for additional sessions, including biofeedback this time, was denied on 8/30/13 due to lack of evidence for functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 BIOFEEDBACK SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The MTUS Chronic Pain Guidelines state that biofeedback is not recommended as a stand-alone treatment, but may be recommended as an option in a cognitive behavioral therapy program in order to facilitate exercise therapy and return to activity. Outcomes are very dependent on the highly motivated self-disciplined patient. The MTUS

Guidelines recommend screening for patients with risk factors for delayed recovery as well as motivation to comply with the treatment. Initial therapy for these at risk patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy, and then biofeedback may be considered as an add-on to cognitive behavioral therapy after 4 weeks. Biofeedback exercises may then be continued at home. In the case of this worker, she had been trialing psychotherapy, which she appeared to not benefit from, according to the documents available for review. Continued psychotherapy has already not been recommended due to this reason. Since the biofeedback is not recommended to be a stand-alone treatment, the biofeedback is also not medically necessary.