Case Number:	CM13-0053901		
Date Assigned:	12/30/2013	**Date of Injury:**	04/19/2011
Decision Date:	04/30/2014	**UR Denial Date:**	10/10/2013
Priority:	Standard	**Application Received:**	11/08/2013

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 Occupational 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 patient is a 48 year old female who was injured on 04/19/2011. The patient states a gallon of bleach fell on her left hand and wrist as she was taking it down from an overhead shelf using her right hand. She immediately experienced severe pain in her left hand and wrist with numbness and tingling throughout her arm and shoulder. Prior treatment history has included on 01/12/2013 she began four to five sessions of shockwave treatment for the right hand. She received outpatient physical therapy and completed 12 sessions. On 07/29/2013 the patient underwent partial medial meniscectomy, medial femoral condyle, medial tibia plateau, and lateral tibia plateau chondroplasties. Diagnostic studies reviewed include an MRI of the left wrist dated 08/11/2011 which revealed fluid accumulation of dorsal capsulitis and fluid accumulation at the meniscal homologue of the TFCC with suggested tear. An MRI scan of the left wrist dated 04/20/12 revealed mid amount of fluid seen within the ulnocarpal and radiocarpal joints, surrounding the triangular fibrocartilage, but no triangular fibrocartilage tear is seen. No ganglion cyst formation. There is normal ulnar variant demonstrated. The carpal tunnel is normal with no median nerve thickening. A PR-2 dated 10/15/2013 documented the patient's knee pain level to be slight to mild and rarely moderate. The patient takes ibuprofen for pain which provides moderate relief. Prior to physical therapy her standing endurance was 10 minutes and walking endurance 5 minutes; and now her standing endurance is 25 minutes and walking endurance is 20 minutes. Objective findings reveal a slight antalgic gait of operative extremity. There are healed arthroscopic portal scars; swelling is mild in the right knee. Diagnoses include right knee posterior horn medial meniscus tear, status post right knee arthroscopy partial medial meniscectomy, femoral condyle, medial tibia plateau and lateral tibia plateau chondroplasties.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

Decision rationale: Biofeedback is not recommended by the MTUS Chronic Pain Guidelines as a stand-alone treatment but is recommended as an option in cognitive behavioral therapy (CBT) to facilitate exercise and return to activity. The patient has apparently had 13 CBT sessions. The number of biofeedback sessions done is not clear from the available records (up to 6-10 are recommended with transition to home exercise thereafter). The patient reportedly responded well to treatment. However, the effectiveness of biofeedback is not clearly established for chronic pain. It is not clearly better than placebo. What is also not clear is whether physical medicine was incorporated into treatment, as recommended by the MTUS Chronic Pain Guidelines, or whether any objective functional improvement was achieved. Therefore, the request for additional biofeedback is not medically necessary and appropriate.