

Case Number:	CM14-0024276		
Date Assigned:	06/11/2014	Date of Injury:	10/26/2010
Decision Date:	07/15/2014	UR Denial Date:	01/26/2014
Priority:	Standard	Application Received:	02/26/2014

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. 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 claimant was injured on 10/26/10. She was diagnosed with lateral epicondylitis, bursitis, insomnia, anxiety, and major depression. She was referred to a psychologist for cognitive behavioral therapy and biofeedback for depression and anxiety. On 10/01/13, 12 CBT and six biofeedback sessions were recommended by [REDACTED]. She was working full time but had significant symptoms. On 01/06/14, [REDACTED] stated that the biofeedback helped to decrease her muscle tension. She was to complete her last PT session in two days. It was also helping her muscle tension and improving her function. There was no rationale for additional PT or biofeedback provided and they were not certified. The diagnoses included bilateral hand pain with wrist tenosynovitis and wrist sprains. She had forearm sprains and bilateral medial and lateral epicondylitis and first MCP joint sprains. Biofeedback was modified and certified times four. She had attended six visits and up to 10 can be recommended. Two additional PT sessions were approved so that she could learn home exercises. She saw [REDACTED] again and stated she had increased pain since her last visit because she was busier since tax season was approaching. She continued to have swelling in the right forearm and had gained some weight. The CBT was noted to be giving her benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK ONE (1) TIME A WEEK FOR SIX (6) WEEKS QUANTITY:6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines states "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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. Since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); patients may continue biofeedback exercises at home." In this case, the claimant completed a reasonable course of biofeedback sufficient enough for her to learn exercises that she could continue at home. There is no evidence that extensive supervised visits remained medically necessary. As such, the request is not medically necessary and appropriate.

PHYSICAL THERAPY ONE TIME A WEEK FOR 6 WEEKS TO THE BILATERAL UPPER EXTREMITIES QUANTITY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine treatment for some chronic conditions and state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The claimant has attended what should have been a sufficient number of PT visits for her to be able to continue her rehab with an independent home exercise program (HEP). There is no clinical information that warrants the continuation of PT once a week for an extended period of time. It is not clear what objective evidence of progress is being monitored. There is no evidence that the claimant has remained unable to complete her rehab with an independent HEP. The medical necessity of this therapy has not been clearly demonstrated. As such, the request is not medically necessary and appropriate.

