

<b>Case Number:</b>	CM14-0188943		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 25-year-old female with date of injury of 11/22/2010. The list of diagnoses from the 10/23/14 report are: 1. Right knee chondromalacia patella. 2. Lateral meniscus tear. 3. Synovitis. 4. Status post scope, partial meniscectomy, chondroplasty patella, synovectomy from 01/28/2011. 5. Status post right knee arthroscopy from 09/19/2014. According to this handwritten report, the patient is five weeks postoperative arthroscopy of the right knee. She still experiences slight pain with walking. No pain at rest. She tolerates flexion to 30. The patient uses a knee brace. There is still swelling in the right knee. Positive peripatellar tenderness. Calf is soft and non-tender. She is able to demonstrate slight quad contraction in full extension. The documents include a right knee arthroscopy procedure report from 09/19/2014, QME Report from 07/23/2014, cognitive behavioral management consultation report from 10/27/2014, FCE report from 07/23/2014, and progress reports from 07/11/2014 to 10/23/2014. The utilization review denied the request on 11/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Biofeedback Therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback

**Decision rationale:** The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on biofeedback states, "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." In addition, ODG states that an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement up to 6 to 10 visits over 5 to 6 weeks is recommended. The records do not show any previous biofeedback therapy reports. The 10/27/2014 report shows a diagnosis of depressive disorder and the treater would like an initial trial of six biofeedback therapy sessions. The treater would like the patient to learn strategies to achieve mood stabilization including restoring sleep and pain control, learn cognitive behavioral skills to increase ADLs and develop a prevention plan to maintain personal accountability for improved function long-term. While a trial may be reasonable, the requested 6 sessions exceed ODG's recommended 3 to 4 initial visits. The request is not medically necessary.