

Case Number:	CM14-0146191		
Date Assigned:	09/12/2014	Date of Injury:	07/09/2012
Decision Date:	10/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 32-year-old female who reported an injury on 07/09/2012. The mechanism of injury was not listed in the records. The diagnoses are carpal tunnel syndrome and left wrist pain. The past treatments included pain medication and physical therapy. There were no relevant diagnostic imaging studies submitted for review. There was no surgical history documented within the notes. The subjective complaints included left shoulder and left wrist pain. The physical exam findings revealed tenderness to palpation of the left upper extremity and left wrist. The notes also indicated that the patient had decreased range of motion of the left shoulder and left shoulder strength rated 4/5. There were no medications documented within the chart. The treatment plan was to order a sling and polar ice. A treatment request was received for biofeedback times 1 and psych followup with [REDACTED] times 2 weeks for 3 months. The rationale for the request was not provided within the clinical notes. The Request for Authorization form was not provided within the clinical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych follow-up 2 times per week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The request for psych followup times 2 weeks for 3 months is not medically necessary. The Official Disability Guidelines state the need for an office visit with a health care provider is individualized and based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The patient has chronic left shoulder pain. There was no rationale why the patient should follow up with a psychologist within the clinical notes. In the absence of a rationale to justify why the visits should take place, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Biofeedback x 1: 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 request for biofeedback x 1 is not medically necessary. The California MTUS Guidelines state that biofeedback is not recommended as a stand alone treatment, but as an option in a cognitive behavioral therapy program to facilitate exercise therapy and to return to activity. There is a lack of evidence in the clinical documentation that the patient is enrolled in a cognitive behavioral therapy program. In the absence of this, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.