

<b>Case Number:</b>	CM14-0212907		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of September 10, 2008. In a Utilization Review Report dated November 28, 2014, the claims administrator denied a portable biofeedback unit apparently requested on July 31, 2014. The applicant was status post wrist and shoulder surgery, it was stated. The applicant was contemplating a revision labral procedure. The applicant was also using an H-Wave device, it was suggested. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 10, 2014, the applicant reported persistent complaints of shoulder, bilateral wrists, and bilateral forearm pain. The applicant was status post a right shoulder bullet removal procedure, right shoulder arthroscopic decompression and labral repair surgery, and a right shoulder arthroscopic capsular release surgery, it was noted. The applicant was on Naprosyn, Prilosec, Dendracin, tramadol, Acetadryl, and Flexeril, it was stated. The medical-legal evaluator alluded to covert surveillance footage of the applicant, suggesting that the applicant was engaged in symptom magnifying behavior. In an August 29, 2014 progress note, the applicant reported persistent complaints of shoulder pain status post multiple prior shoulder surgeries. The applicant was placed off of work, on total temporary disability. Additional physical therapy with some form of biofeedback device and/or biofeedback training was sought. It was suggested that the applicant had received biofeedback treatment through physical therapy through this point in time. On September 15, 2014, the treating therapist stated that the applicant had had 24 sessions of physical therapy,

which included various modalities including biofeedback training, electrical stimulation, manual therapy, and therapeutic exercise.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Portable Myotrac Biofeedback Unit (rental or purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary last updated 08/27/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203, 265.

**Decision rationale:** Page 24 of the MTUS Chronic Pain Medical Treatment Guidelines addresses the topic of biofeedback for mental health purposes but did not address the topic of biofeedback for medical purposes. The applicant's primary pain generators here are the shoulder and wrist. However, the MTUS Guideline in ACOEM Chapter 11, page 265 states that biofeedback has no "scientifically proven efficacy" in treating hand, wrist, and/or forearm symptoms, as are present here. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 also notes that biofeedback is "not supported" by high quality medical studies in-so-far as the shoulder is concerned. Here, the applicant has apparently received the biofeedback modality at issue during physical therapy and has failed to profit from the same. The applicant remains off of work, on total temporary disability, it was suggested via an August 29, 2014 progress note, despite having had extensive prior biofeedback during physical therapy, suggesting a lack of functional improvement as defined in MTUS 9792.20f via the same. Therefore, the request was not medically necessary.