

Case Number:	CM15-0112781		
Date Assigned:	07/22/2015	Date of Injury:	02/25/2010
Decision Date:	08/25/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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, Illinois

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 injured worker is a 37 year old male who sustained a work related injury February 25, 2010. He fell from a 10 feet high tanker truck, onto his left elbow, causing a comminuted fracture. Past history included left elbow open reduction internal fixation March 2, 2010 and left elbow revision March 18, 2010. According to a physician's progress notes, dated May 7, 2015, the injured worker presented with complaints of left shoulder pain, left elbow pain, and left hand pain, rated 3 out of 10 with medication and 6.5 out of 10 without medication. He reports attending classes from 8am to 3pm with the aid of medication. Current medication included Lyrica, Norco, Amoxicillin, Carvedilol, Lisinopril, and Symbicort. Diagnoses are elbow and shoulder pain; ulnar neuropathy; post-operative heterotopic calcification; left shoulder sprain, strain and tendonitis; depression. Treatment plan included continuing home exercise program, medication, and use of an elbow pad on hard surfaces. At issue, is a request for authorization for a psychotherapy session and 6 sessions of psychophysiological therapy, biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of psychophysiological therapy biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The injured worker sustained a work related injury on February 25, 2010 . The medical records provided indicate the diagnosis of elbow and shoulder pain; ulnar neuropathy; post-operative heterotopic calcification; left shoulder sprain, strain and tendonitis; depression. Treatments have included Lyrica, Norco, Amoxicillin, Carvedilol, Lisinopril, and Symbicort. The medical records provided for review do not indicate a medical necessity for 6 sessions of psychophysiological therapy biofeedback, and the request is not medically necessary. The MTUS does not recommend biofeedback as stand-alone treatment, but it is recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The MTUS recommends approval only when requested patients, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patients. The guidelines recommends 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.

1 psychotherapy session (60 minutes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The injured worker sustained a work related injury on February 25, 2010. The medical records provided indicate the diagnosis of elbow and shoulder pain; ulnar neuropathy; post-operative heterotopic calcification; left shoulder sprain, strain and tendonitis; depression. Treatments have included Lyrica, Norco, Amoxicillin, Carvedilol, Lisinopril, and Symbicort. The medical records provided for review do not indicate a medical necessity for 1 psychotherapy session (60 minutes). The medical records indicate the injured worker has been approved of six visits. The MTUS recommends an 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. Therefore, additional psychotherapy visits is not medically necessary unless there is objective functional improvement from the sessions already approved.