

Case Number:	CM13-0006650		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2001
Decision Date:	08/28/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/05/2013

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 Neurologist and is licensed to practice in Texas, Ohio & Massachusetts. 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 53-year-old female who reported an injury on 07/26/2001 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her foot, left wrist, and low back. The injured worker underwent surgical intervention for the foot and ultimately developed complex regional pain syndrome. The injured worker was evaluated on 07/17/2013. It was noted that the injured worker had ongoing leg pain and leg edema. It was noted that the injured worker had 10 out of 10 pain without medications that was reduced to a 6 out of 10 with medications. The injured worker has received treatment for her edema to include compression stockings and a hydraulic unit. It was noted that the injured worker had previous undergone lymphedema therapy that assisted with reduction of swelling and pain. Physical findings included allodynia and hyperalgesia in the bilateral legs with swelling and thermal changes in the bilateral lower extremities. The injured worker's diagnoses included left foot status post crush injury, status post Morton's neuroma, complex regional pain syndrome, neuropathic pain of the lower extremity, edema in the legs, chronic pain, pain induced insomnia and adjustment disorder. A request was made for 16 visits of lymphedema therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 16 LYMPHEDEMA THERAPY SESSIONS: 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 Lymph drainage therapy Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of this type of therapy as there is no scientific evidence to support the longterm safety and efficacy of its use. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Therefore, the perspective request for 16 lymphedema sessions is not medically necessary or appropriate.