

Case Number:	CM13-0048225		
Date Assigned:	12/27/2013	Date of Injury:	08/30/1997
Decision Date:	02/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 physician 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 57 year old male with a date of injury of 08/30/1997. The listed diagnoses per [REDACTED] dated 10/02/2013 are: Diabetes mellitus, Hypertension with left ventricular hypertrophy, Hepatitis C, and Chronic pain Syndrome. According to the report dated 10/02/2013 by [REDACTED], the patient presents with ongoing complaints of swollen lower extremities. It was noted that patient was seen by [REDACTED] who said the patient needs a venous and arterial ultrasound of the lower extremities and CT of the pelvis. [REDACTED] does not believe the patient has congestive heart failure, given the normal echocardiogram and ejection fraction. Blood pressure was now within normal limits with Cozaar and Norvasc. [REDACTED] believes that the patient most likely has venous insufficiency and possibly cirrhosis of the liver. Examination showed that patient has dependent edema in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lymphatic massage of extremity (3 times per week for 12 weeks): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual of Diagnosis and Therapy, Edema, 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the lymphnet website

Decision rationale: This patient presents with ongoing complaints of swollen lower extremities. The patient has a complex medical history with back and knee injury from 2007, has had back and knee surgery with other medical issues. The patient apparently has had open ulcerations with drainage and has tried compression wraps without resolution. Examination from 9/4/13 shows 3+ edema of the legs, echocardiogram was normal other than left ventricular hypertrophy. A report from 8/7/13 has the patient drinking 2-3 times per week and presenting with strong alcohol odor. MTUS, ACOEM and ODG guidelines do not address lymphedema. Lymphnet.org was consulted and for lymphedema Complete Decongestive Therapy (CDT) is recommended and the initial phase starts with "manual lymph drainage." Frequency and duration recommended are daily 5 days per week until the reduction of fluid volume which can take 3 to 8 weeks. The current request for lymphatic massage appears quite reasonable given the patient's struggle with 3+ edema and frequent prior ulcerations. Although it is not certain how this patient will maintain lymphatic drainage given the patient's problems with alcohol, for an initial phase of treatment, lymphatic drainage massage is recommended at high frequency and for a long-duration. Therefore, the requested lymphatic massage services are medically necessary and appropriate.