

Case Number:	CM14-0012055		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2001
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 51 year old female who has multiple injuries 08/27/1999, left foot, 11/01/2000, left wrist, 07/25/2001, low back. The injured worker had initial surgery on her left foot and she developed regional complex dystrophy in bilateral legs .The injured worker is having severe pain of her lower extremity 7/10. The injured worker is basically immobilized. The injured worker has allodynia and hyperlgesia in both legs. She has swelling in both legs. Her right ankle is 29 cm in circumference and her right calf is 40 cm. Her left ankle is 23 cm and her left calf is 34 cm. The injured worker was using Vascuthern on a trial basis. There was notable improvement, reduced swelling in both legs by 1 to 2 cm. This type of treatment has definitely made a substantial improvement in her medical condition. It was also reducing the sum of her pain. The reason that it is reducing some of the injured worker pain is because its a hot/cold unit which by using the cold part of the treatment unit the injured worker having reduced pain. Between this unit, the compression stockings, and medications, the injured worker appears to have some improvement. Therefore the request is for 16 Lymphedema Treatment along with the current care.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 LYMPHEDEMA TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LYMPH DRAINAGE THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LYMPH DRAINAGE THERAPY Page(s): 58.

Decision rationale: This request is not medically necessary. Lymph drainage therapy is not recommended by Chronic Pain Medical Treatment Guidelines. The guidelines state lymphatic drainage therapy, as performed by massage therapists, is intended to stimulate or move excess fluid away from the swollen area so that it can drain away normally. As a treatment for chronic pain, there is no good evidence to support its use. The results of this RCT indicate that, during the first 6 months of complex regional pain syndrome type. Manual lymph drainage provides no additional benefit when applied in conjunction with an intensive exercise program. The injured worker is currently using a Vascuthern unit with benefit. The injured worker has previously been treated for Lymphedema with benefit, as there was benefit, it appears trying the prior methods of treatment would be beneficial. There is a lack of documentation to support the need for Lymphedema treatment and Vascuthern treatment. In addition, the request does not include the frequency of the proposed treatment. As such, the request for 16 Lymphedema Treatment is not medically necessary.