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| <b>Case Number:</b>   | CM14-0014032 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 10/20/2006 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 01/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2014 |

### 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 Geriatrics, and is licensed to practice in New York. 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 61 year old man with a date of injury of 10/20/06. He is status pseudofusion surgery. He had an ultrasound of his lower extremities on 8/29/13 with no evidence of deep venous thrombosis. The only clinical notes included in the records are home care nursing notes from 10/13 - 1/14. He was followed by home care nursing and had left knee pain and tenderness. He had a skin graft done on 10/18/13 with a wound vac applied during surgery. He was ambulatory with a gait. He received IV Cefazolin via PICC line. The most recent nursing visit is on 1/13/14. His lungs were clear. He complained of left leg and knee pain, along with right leg and right hip pain when walking with crutches. His knee wound was healed. The exam notes he had no edema but did have pain and weakness in the left leg/knee. At issue in this review is the request for Lymphedema Therapy Three (3) Times A Week For Six (6) Weeks To The Left Lower Extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lymphedema therapy three (3) times a week for six (6) weeks to the left lower extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** Lymph drainage therapy is not recommended overall. As a treatment for chronic pain, there is no good evidence to support its use. In this injured worker, the available records from nursing home care visits document pain in the knee, a healed surgical incision and no edema. The records do not support the medical necessity for lymphedema therapy three (3) times a week for six (6) weeks to the left lower extremity.