

<b>Case Number:</b>	CM14-0150140		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/07/1999
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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 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 65-year-old male who reported an injury on 09/07/1999. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lymphedema. Past medical treatment consists of drainage surgery, physical therapy, aquatic therapy, and medication therapy. On 05/08/2014, the injured worker complained of right leg pain. According to the progress note, it was noted that the injured worker had worsening swelling of the right leg. The provider did not include any objective findings in this report to substantiate the injured worker's progress. A review of the record indicates that the injured worker had received numerous lymphedema treatments for his lymphedema of the lower extremities over the past 10 years. The medical treatment plan was for the injured worker to undergo additional lymphedema treatments. The rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 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:** The request for 12 Lymphedema Treatments is not medically necessary. According to the MTUS Guidelines, lymph drainage therapy is not recommended. Manual lymphatic drainage therapy, as performed by a massage therapist, 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 was no good evidence to support its use. The results of the RCT indicate that, during the first 6 months of complex regional pain syndrome type I, manual lymph drainage provides no additional benefit when applied in conjunction with an intensive exercise program. Given the above and the lack of evidence of improved clinical outcomes or improvement in functional status due to lymphedema treatments, the request is not medically necessary.