

Case Number:	CM15-0102509		
Date Assigned:	06/04/2015	Date of Injury:	10/02/2010
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 63-year-old female, who sustained an industrial injury on October 2, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lymphedema with venous stasis ulcers. Treatment to date has included daily lymphedema compression wraps, wound care daily, physical therapy, a peripherally inserted central catheter for intravenous antibiotic therapy, a low salt diet, leg exercises, debridement of bilateral lower extremity ulcers, and medications including a urinary supplement, diuretics, intravenous antibiotics, pain, anti-epilepsy, and non-steroidal anti-inflammatory. On April 23, 2015, the treating physician noted decreased draining of her leg wounds since being on her current intravenous antibiotic via the peripherally inserted central catheter line. She is continuing on 2 oral antibiotics that are prescribed by another physician. The physical exam revealed a 30cm x 21.0 x 0.2cm left leg ulcer, a 6.0 x 6.0 x 0.3 cm medial left leg ulcer, and a 14.0 x 4.5 x 0.3 cm posterior right leg ulcer. The ulcers had copious amounts of very thick, adherent slough without odor or cellulitis. There were no gross signs of infection. There was pitting edema of the lower extremities of 3+ or greater. The distal capillary refill was normal. The wounds were debrided during the visit. The requested treatment is lymphedema pumps for bilateral lower extremities for life.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLLE Lymphedema pumps for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Lymphedema pumps.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee and Leg: Lymphedema pumps.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines Lymphedema pumps are recommend for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. Patient has had months of compression wraps and conservative care with diuretics and exercise with minimal improvement. Patient chronic disease process and lymphedema is not likely to acutely improve with short-term use of pumps therefore purchase of lymphedema pumps are medically necessary.