

Case Number:	CM15-0131222		
Date Assigned:	07/17/2015	Date of Injury:	02/26/1999
Decision Date:	08/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 66-year-old female who sustained an industrial injury on 02/26/1999. She reported coming down a fire escape and landing on her left hand and the left knee. The injured worker was diagnosed as having pain in joint, lower leg bilateral; Knee joint replacement status bilateral; long-term use of meds not elsewhere classified. She has bilateral lower extremity lymphedema. Treatment to date has included physical therapy sacral injections, steroid injections to knee, left knee total replacement, bariatric surgery, home health aide and oral medications. Recently, she has had lymph drainage, compression stockings, and medications. Currently, the injured worker complains of swelling in both lower extremities and pain in the hips. There are muscle aches and swelling but no muscle weakness, arthralgias, joint pain or back pain. The worker has had persistent long standing left hip and left knee pain. She has persistent lymphedema in her lower extremities, and has seen a lymphedema specialist who recommended topical steroid cream for her legs, leg compression stockings, and referral to a lymphedema clinic. On exam she has significant tenderness and effusion over the right knee with swelling and effusion of the left knee with significant tenderness and pain with range of motion. She has bilateral lower extremity pitting with shiny skin and no weeping. Heme staining is present in bilateral lower extremities. She has pain and tenderness with manipulation of the left hip. She uses a walker with brakes and a seat. She has difficulty standing and walking without assistance and her left hip is painful with range of motion internal and external. There is tenderness over the hip and she has pain with standing. Current medications include topical applications of diclofenac 1.5%, Ketamine 5%, Doxepin 3.3%, and oral medications of

Omeprazole, Ondansteron-zofran, Ambien, Buprenorphine, Tenovate 0.05% cream, Vistaril capsule, Pamelor capsule, Lasix, Fluticasone powder, Symbicort inhaler, and Dilantin. A request for authorization was made for twelve (12) lymph massage therapy/manual lymph drainage sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) lymph massage therapy/manual lymph drainage sessions: 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 Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for Twelve (12) lymph massage therapy/manual lymph drainage sessions, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, if the patient has not undergone massage therapy for lymphedema previously, then the currently requested 12 visits exceeds the 6-visit trial recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Twelve (12) lymph massage therapy/manual lymph drainage sessions is not medically necessary.