

Case Number:	CM15-0202299		
Date Assigned:	10/19/2015	Date of Injury:	02/13/2007
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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 50 year old female, who sustained an industrial injury on 2-13-2007. Diagnoses include lower leg injury, joint pain-leg, and lymphedema. Treatments to date include activity modification, medication therapy, massage therapy, and TENS unit. The medical records indicated many months of treatment secondary to lower extremity lymphedema. On 4- 24-15, the records documented she received tissue wipes, 8 wipes lasting two days. The physical examination documented severe swelling throughout the legs with tenderness toes to hips. There were firm, tender, palpable nodules noted in left thigh. On 8-6-15, she complained of new pain in the wrist and ongoing knee, shoulder, and leg pains. The physical examination documented severe edema throughout the legs, noted as unchanged. There was tenderness throughout the legs up to the hips, nodules in left thigh unchanged. There was increased edema noted on the left. The plan of care included home TENS unit and replacement compression garments. The appeal requested authorization for barrier cream cloths #14 packs, per order dated 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Barrier cream cloths 14 packs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009960/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rossy KM et al. (Updated: Jan 08, 2015); Lymphedema; e medicine; retrieved on 11/27/15 from <http://eMedicine.medscape.com/article/1087313-overview>.

Decision rationale: MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines do not have any sections that relate to this topic. As per review article, lymphedema requires meticulous skin care to prevent drying and cracking of skin to prevent infections and complications. The request is medically necessary.