Notice of Independent Review Decision

DATE OF REVIEW: 7/8/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of lymphedema therapy x 15 (S8950, 97140, 97016, 29520, 29530, 29540, 29550, 29580).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of lymphedema therapy x 15 (S8950, 97140, 97016, 29520, 29530, 29540, 29550, 29580).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker was injured on the job on xx/xx/xx when he was bitten by a spider. A chronic non-healing wound developed, complicated by chronic lymphedema and secondary cellulitis. Conservative treatment included intravenous antibiotics, oral antibiotics, limb elevation, range of motion exercises and compression stockings/hose at 20-30-40 millimeters of mercury, with no remarkable improvement. The injured worker does not use tobacco. The worker has a history of diabetes and hypertension.

The worker was referred to Dr. M.D. at on April 27, 2011 with a one-month history of non-healing wound to the left lower extremity, with one plus pitting lymphedema. Wound measurements were 0.4 centimeters by 0.7 centimeters with a measured depth of 0.0 centimeters. A Wound Assessment Form documented that granulation was present over 26-50 percent of the wound base. The wound was photographed.

Dr. recommended manual lymphatic drainage, vaso-pneumatic compression, compression strapping/bandaging, and application of UNNA boots, with the objective to accelerate wound healing and to restore skin integrity. A letter of medical necessity was submitted 4/27/2011 requesting treatments five times per week for one to three weeks, specifying vaso-pneumatic compression at 70-30 mmHg twice daily (specific equipment was selected based upon the injured worker's the ability to tolerate the pressure and the cycle time), physiotherapy including manual lymph drainage and compression bandaging until maximum limb volume reduction is achieved.

The requested treatment was non-authorized. A letter of appeal was submitted 5/12/2011, emphasizing that the proposed treatment was not for pain management, but for reduction of edema and enhancement of wound healing.

DIAGNOSTIC STUDIES

On 5/18/11 a Venous Duplex Left Lower Extremity, reported by, M.D., showed the following: No evidence of deep or superficial venous thrombosis noted. There was Venous valvular incompetence of the left common femoral, superficial femoral, popliteal, posterior tibial and greater saphenous veins.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The proposed treatment is medically necessary. As summarized in the letter of medical necessity dated April 27, 2011, the diagnosis of lymphedema was established, conservative treatment had been tried and failed, the chronic non-healing wound was documented, measured and photographed, and the prognosis (for treatment success) is good. Furthermore, the vaso-pneumatic equipment was specifically chosen based upon the worker's specific diagnoses and the worker's tolerance of the specific equipment.

According to the ODG Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) (updated 06/13/11) and from the ODG Integrated Treatment/Disability Duration Guidelines: Forearm, Wrist, & Hand (Acute & Chronic) (updated 06/10/11):

- Vasopneumatic devices (wound healing): Recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury.
- Lymphedema pumps: Recommended … for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. … The more intensive and health professional based therapies, such as complex physical therapy, manual lymphatic drainage, pneumatic pump and laser therapy generally yielded the greater volume reductions, while self-instigated therapies such as compression garment wear, exercises and limb elevation yielded smaller reductions.
- Compression garments: Recommended. Good evidence for the use of compression is available…High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema.

From Practice Guidelines for the Diagnosis and Management of Skin and Soft-Tissue Infections, Clinical Infectious Diseases Volume 41, Issue10, pp.1373-1406.

- Secondary Lymphedema is caused by an acquired defect in the lymphatic system and is commonly associated with obesity, infection, neoplasm, trauma, or therapeutic modalities… The goal of therapy is to restore function, to reduce physical and psychologic suffering, and to prevent the development of infection.
- The first-line treatment is complex physical therapy. It seems that this should be instituted as soon as possible. This therapy is aimed at

improving lymphedema with manual lymphatic drainage, massage, and exercise. It advocates the use of compression stockings (at a minimum of 40 mm Hg), multilayer bandaging, or pneumatic pumps. Leg elevation is essential. Appropriate skin care and debridement is also stressed to prevent recurrent cellulitis or lymphangitis.

From a Position Statement of the National Lymphedema Network, TOPIC: THE DIAGNOSIS AND TREATMENT OF LYMPHEDEMA, Summary on Treatment and Diagnosis of Lymphedema (The following is extracted from a document written and reviewed by members of the 2010-2011 NLN Medical Advisory Committee):

- Treatment of lymphedema should be undertaken only after a thorough diagnostic evaluation has been done according to accepted guidelines by qualified practitioners.
- CDT (Complete Decongestive Therapy) is the current international standard of care for managing lymphedema. It is recommended that CDT adaptations or other lymphedema treatments be used on a case by case basis under the supervision of a health-care provider (physician, nurse, physician assistant, therapist) with demonstrated expertise in lymphedema management. Components of CDT :
    - Manual Lymph Drainage (MLD): Manual lymph drainage is an essential part of CDT. It is a specialized manual (hands-on) technique that appears to work by two mechanisms. It stimulates superficial lymphatic vessels to remove excess interstitial fluid and it moves it through subepidermal (under the skin) fluid channels that form when lymphatics are damaged.
    - Compression Bandaging
    - Lymphatic Exercise
    - Skin Care
    - Education in lymphedema self-management, elastic compression garments
- IPC (Intermittent Pneumatic Compression Therapy) is a demonstrated effective adjunct to CDT.: Patients being considered for IPC therapy must be evaluated by a physician or health-care provider with expertise in lymphedema. It is important to insure safe selection of the proper device and appropriateness of IPC. The prescription must include the intensity of pressure and pattern of pressure needed, taking into consideration several aspects of the patient's situation including determination of need for programmable pressure to treat fibrotic areas, address treatment of ulcers, and adjust for patient's level of pain and skin sensitivity.
- All interventions for lymphedema must have the goals of inducing and maintaining volume reduction, preventing medical complications, improving skin condition, reducing infection, enhancing patient adherence, and improving comfort and quality of life.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

☐ **INTERQUAL CRITERIA**

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)** Stevens, D et al, Practice Guidelines for the Diagnosis and Management of Skin and Soft-Tissue Infections, Clinical Infectious Diseases Volume 41, Issue10, pp.1373-1406.

Position Statement of the National Lymphedema Network, TOPIC: THE DIAGNOSIS AND TREATMENT OF LYMPHEDEMA, Summary on Treatment and Diagnosis of Lymphedema 2010-2011

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**