

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 8/8/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lymphedema therapy

QUALIFICATIONS OF THE REVIEWER:

This reviewer received his medical doctorate from the University of Tennessee, at Memphis. He did his internship and residency in the field of Orthopaedics at Emory University. This physician did a fellowship at Northwestern in the Department of Orthopaedics, Sports Medicine. He has been board certified in Orthopaedics since 2001. This reviewer has written numerous research articles and publications. He is affiliated with the American Academy of Orthopaedic Surgeons, American Orthopaedic Society for Sports Medicine, Arthroscopy Association of North America and the American Medical Association.

REVIEW OUTCOME:

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

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

Lymphedema therapy Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 7/16/2007
2. Clinical note by, dated 7/16/2007
3. Clinical note dated 7/3/2007
4. Independent review organization note dated 8/8/2007
5. Clinical note dated 7/16/2007
6. Submission of request note by, dated 7/16/2007
7. IRO request form dated 7/13/2007
8. Clinical note dated 5/7/2007
9. Adverse determination notification note dated 7/3/2007
10. Clinical note dated 7/11/2007
11. Review organization note dated 7/2/2007
12. Prescription note dated 4/26/2007
13. Clinical note dated 5/18/2007
14. Clinical note dated 6/22/2007
15. Physical health care note dated 6/22/2007
16. Clinical note dated 6/7/2007
17. Activity report dated 6/21/2007 to 6/28/2007 multiple dates
18. Clinical note dated 6/22/2007
19. Prescription note dated 5/24/2007
20. Clinical note by, dated 6/22/2007
21. Case assignment note by, dated 7/19/2007
22. Review organization note by, dated 7/19/2007
23. Transcription note by, dated 7/3/2006
24. Transcription note by MD, dated 7/28/2006
25. Transcription note by, dated 10/20/2005
26. Transcription note by, dated 10/20/2005
27. Transcription note by, dated 10/27/2005
28. Transcription note by, dated 11/3/2005

29. Transcription note by MD, dated 11/11/2005
30. Transcription note by, dated 11/18/2005
31. Transcription note by, dated 7/3/2006
32. Clinical note by, dated 7/24/2007
33. Review organization note by, dated 7/19/2007
34. Transcription note by, dated 10/20/2005
35. Physician activity status report note dated 10/20/2005
36. Transcription note by, dated 10/20/2005
37. Work status report dated 11/02/2005
38. Physician activity status report note dated 10/27/2005
39. Transcription note by, dated 10/27/2005
40. Work status report dated 11/02/2005
41. Transcription note by, dated 11/3/2005
42. Work status report dated 11/6/2005
43. Physician activity status report dated 11/03/2005
44. Transcription note by MD, dated 11/11/2005
45. Work status report note dated 11/14/2005
46. Physician activity status report dated 11/11/2005
47. Radiology results note by MD, dated 11/11/2005
48. Transcription note by, dated 11/18/2005
49. Work status report dated 11/21/2005
50. Physician activity status report dated 11/18/2005
51. Narrative history note dated 11/18/2005
52. Medical evaluation note dated 11/18/2005
53. Work status report note dated 11/21/2005
54. Transcription note by, dated 07/03/2006
55. Physician activity status report dated 7/3/2006
56. Work status report dated 7/6/2006
57. Physician activity status report dated 7/3/2006
58. Physician activity status report by PAC, dated 07/03/2006
59. Clinical note by MD, dated 07/06/2006
60. Worker's compensation work status report dated 07/03/2006
61. Progress note by MD, dated 07/13/2006
62. Prescription note dated 07/13/2006
63. Clinical note by MD, dated 07/20/2006
64. Clinical note by MD, dated 07/21/2006
65. Progress note by MD, dated 07/25/2006
66. Transcription note dated 07/28/2006
67. Physician activity status report by MD, dated 07/28/2006
68. Worker's compensation work status report dated 07/28/2006
69. Transcription note dated 08/04/2006
70. Progress note by MD, dated 08/15/2006
71. Progress note by MD, dated 09/05/2006
72. Clinical note dated 09/09/2006
73. Designated doctor evaluation by Dr., dated 09/12/2006
74. Report of medical evaluation dated 09/12/2006
75. Clinical note by Dr., dated 09/12/2006
76. Functional capacity evaluation by Dr., dated 09/12/2006
77. Progress note by MD, dated 09/27/2006
78. Closed resulted dated 10/06/2006
79. Progress note by MD, dated 10/20/2006
80. Progress note by MD, dated 11/17/2006
81. Prescription note dated 11/17/2006
82. Progress note by MD, dated 12/15/2006
83. Progress note by MD, dated 12/27/2006
84. Designated doctor evaluation by Dr., dated 01/18/2007
85. Report of medical evaluation dated 01/17/2007
86. Peer reviewer final report by MD, dated 02/07/2007
87. Progress note by MD, dated 03/01/2007
88. Clinical note dated 04/26/2007
89. Prescription note dated 04/26/2007
90. Prescription note dated 03/24/2007
91. Progress note by MD, dated 04/26/2007
92. Peer reviewer final report by MD, dated 05/04/2007

93. Notice of disputed dated 05/18/2007
94. Prescription note dated 05/24/2007
95. Report of medical evaluation dated 05/29/2007
96. Clinical note by MD, dated 05/29/2007
97. Physician review recommendation by DO, dated 06/27/2007
98. Progress note by MD, dated 07/03/2007
99. Clinical note dated 07/13/2006
100. Clinical note dated 07/27/2006
101. Review organization note by, dated 7/19/2007
102. Progress note by MD, dated 7/3/2007
103. Clinical note by MD, dated 5/24/2007
104. Progress note by MD, dated 12/27/2006 to 5/24/2007 multiple dates
105. Clinical note by MD, dated 12/27/2006
106. Progress note by MD, dated 7/13/2006 to 12/15/2006 multiple dates
107. Diagnostic report by MD, dated 10/06/2006
108. Open MRI note by MD, dated 7/20/2006 and 7/21/2006
109. Diagnostic report by MD, dated 11/11/2005
110. Clinical note dated 5/29/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee sustained a left ankle sprain and 5th metatarsal fracture on xx/xx/xx. He was noted to have history of diabetes. A MRI was consistent with post traumatic changes. Examination noted left leg swelling and edema. Recovery was noted to be delayed due to the injured employee's diabetes. X-rays of 7/2006 noted no fractures. The assessment was left ankle and foot derangement and type II diabetes. He took Mobic and Skelaxin. He used ice packs, an ACE bandage, and orthopedic shoes. A note of 5/29/2007 reported continued pain. A CT scan was noted to reveal Charcot foot. He had swelling up to his knee. The injured employee was noted to be working at a sit down job. He reported constant pain that is improved by non weight bearing. He reported numbness from the knee to the toes. He ambulated with a cast boot. Swelling was estimated at 4+. There was tenderness over the dorsum of the foot. The left ankle had mildly decrease range of motion. The impression was traumatic charcot foot and ankle, left. His provider noted that MMI would be reached on 10/1/2007.

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

The employee sustained an injury to the foot and ankle while at work in xxxx. The injured employee has had intermittent problems with the foot and ankle since the injury. The patient also has a history of diabetes mellitus which has been treated with medication. Recent radiographs demonstrate some degenerative changes in the joint consistent with an early Charcot arthropathy. The patient has developed persistent swelling of the foot and ankle causing discomfort consistent most likely with lymphedema which is not addressed by the ODG. The treatment of lymphedema is activity modification, compression stockings, and at times physical therapy. Lymphedema, if left uncontrolled, can lead to areas of skin breakdown and necrosis leading to deep infection and occasionally amputation. The compression stockings provide mechanical support to the lymphatic system promoting movement of fluid and a decrease in subcutaneous fluid. The use of compression stockings in the treatment of lymphedema is within the standards of care and is medically necessary based on the patient's symptoms and amount of pretibial edema. Lymphedema therapy is not addressed in the ODG but the treatment is appropriate and within the standard of care for this injured employee. Accordingly, the previous denial is overturned.

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

- X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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

Andrzej Szuba and Stanley G Rockson. Lymphedema: classification, diagnosis and therapy. *Vascular Medicine*, May 1998; 3: 145 - 156.

Alok Tiwari, Koon-Sung Cheng, Matthew Button, Fiona Myint, and George Hamilton. Differential Diagnosis, Investigation, and Current Treatment of Lower Limb Lymphedema. *Arch Surg*, Feb 2003; 138: 152 - 161.

AMR Tracking Num: 35537