

## MEDICAL NECESSITY STATEMENT

Lymphedema is a chronic inflammatory condition resulting from disrupted or inadequate lymph flow, most often following cancer surgery and/or radiation. Treatment, or Complete Decongestive Physiotherapy, is a combination of skin care, exercise, and Manual Lymph Drainage followed by compression bandaging. During the course of treatment most patients are taught how to bandage as it is expected they will take over this aspect of the treatment in their home maintenance program.

Application of bandages and underlying padding to achieve the necessary gradient compression can be difficult for most patients, particularly the elderly, those undergoing chemotherapy, or anyone with limited mobility. This concern was the motivation behind the development of JoVi Pak®, a quilted bandage liner. Physicians and practitioners have found JoVi Pak® an effective tool for controlling swelling and fibrotic buildup associated with lymphedema. Practitioners have also found the JoVi Pak® improves patient compliance by providing patients with a safe and effective alternative to the traditional bandaging. For those who require life-long bandaging the JoVi Pak® is a major breakthrough.

JoVi Paks® are manufactured under FDA Good Manufacturing guidelines, using soft cotton/Lycra® for easy donning, or Malden Mill's Powerdry® used for its wicking and fast drying capabilities. They are filled with medical grade polyurethane foam chips of varying densities (or ILD).

The JoVi Pak® is recommended for use under any type of containment device or pneumatic pump. When used under bandages, the JoVi Pak® serves as a protective framework and provides consistency in external pressures. Fewer bandages are required and in some cases, no longer necessary.

Many practitioners have found that JoVi Pak® used regularly maintains treatment outcomes and decreases the need for additional therapy visits.

# LETTER OF MEDICAL NECESSITY

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

\_\_\_\_\_

Date Last Seen: \_\_\_\_\_

## DIAGNOSIS:

- 459.81** Venous (peripheral) insufficiency
- 457.0** Postmastectomy lymphedema
- 457.1** Other lymphedema
- 457.9** Unspecified lymphatic disorders
- 757.0** Chronic, hereditary; congenital lymphedema

## DOCUMENTATION:

### Patient history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Previous therapy:

Compression stockings    Pneumatic pump    Manual Lymph Drainage    Wraps

### Physical Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Circumferential Measurements:

<b>Affected</b> leg at Least Ankle _____	<b>Unaffected</b> leg at Least Ankle _____
<b>Affected</b> leg at Widest Calf _____	<b>Unaffected</b> leg at Widest Calf _____
<b>Affected</b> leg at Least Knee _____	<b>Unaffected</b> leg at Least Knee _____
<b>Affected</b> leg at Groin _____	<b>Unaffected</b> leg at Groin _____

### Attached:

Office Records    Lab Reports    Photographs    Other \_\_\_\_\_

**Clinic:** \_\_\_\_\_

**Prescribing Doctor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### Previous therapy:

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### Physical Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Circumferential Measurements:

<b>Affected</b> arm - Least Wrist	_____	<b>Unaffected</b> arm - Least Wrist	_____
<b>Affected</b> arm - Widest Forearm	_____	<b>Unaffected</b> arm - Widest Forearm	_____
<b>Affected</b> arm - Least Elbow	_____	<b>Unaffected</b> arm - Least Elbow	_____
<b>Affected</b> arm - Axilla	_____	<b>Unaffected</b> arm - Axilla	_____

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