

Letter of Medical Necessity (Template)

(Physician's Letterhead)

Date:

Re: (Patient's Name)

Subject: LMN - TributeNight™ Therapeutic Edema/Fibrosis Garment(s)

This letter is to indicate the medical necessity for Solaris TributeNight quilted, directional flow, custom made therapeutic nightwear garment(s) for the treatment of lymphedema and chronic swelling with indurate tissue for my patient, _____. Impairment of the lymphatic system has significantly reduced the normal capacity of the lymphatic system to provide the tissue drainage necessary to ensure health, to support normal immune response, and maintain fluid balance of the circulatory system in the affected quadrant. _____ has received restorative physical therapy (Complete Decongestive Therapy*) for this condition, however, it is now necessary to introduce garment(s) that will assist to maintain gains made in therapy and continue to provide therapeutic intervention in the home setting.

It is my opinion that the garment recommended is medically necessary for _____. TributeNight garments are custom made, therapeutic class II compression garments which have been cleared for sale by Health Canada. Patients with chronic swelling wear the garments nightly to maintain necessary compression, address tissue fibrosis and facilitate interstitial fluid movement. All TributeNight garments meet the Medicare guideline for durable medical equipment – they are dispensed only for medical conditions, are warranted for one year, include one alteration as girth decreases, are machine washable/dryable and increase patient compliance to the essential home maintenance program.

I anticipate that with compliant use of this device we will be able to reduce the utilization of other health care services, including physical/occupational therapies and the possible need for hospitalization for common complications such as cellulitis.

Sincerely,

(Physician's name & signature)

Letter of Medical Necessity (Addendum)

Complex Decongestive Therapy is the medically recognized standard of care for lymphedema and related disorders, and is a two phase treatment protocol.

Phase I is referred to as the **Intensive or Treatment Phase** and consists of manual lymph drainage, multi-layer compression bandaging, therapeutic exercises and meticulous skin care to prevent infection.

Phase II is referred to as the **Maintenance Phase**, and is the self-care portion of the protocol. It consists of wearing a compression garment during the day, self-applying multi-layer compression bandaging* to be worn during the overnight period, performance of therapeutic exercise and compliance with cautionary self care measures to avoid exacerbation of the condition.

*In 2009, the International Society of Lymphology stated in their consensus document:

“Compressive bandages, when applied incorrectly, can be harmful and/or useless. Accordingly, such multilayer wrapping should be carried out only by **professionally trained personnel**. Newer manufactured devices to assist in compression (i.e., pull on, velcro-assisted, quilted, etc.) may relieve some patients of the bandaging burden and perhaps facilitate compliance with the full treatment program...”

2009 Consensus Document, International Society of Lymphology.
<http://www.u.arizona.edu/~witte/ISL.htm>

This is a long-overdue statement of the difficulty of mastering the art of applying multi-layer compression bandaging. While many patients over the years have learned to self-apply the necessary bandaging we feel that it places undue stress and exposes the patient to possibilities of harm. In light of the development of nighttime bandage replacement garments over the last decade patients should no longer be expected to take part in this cumbersome and time-consuming activity. Compliance with self-care regimens is known to rise in tandem with ease of those routines, and compliance is necessary to maintain optimum health and reduce risk of complications requiring hospitalization, such as cellulitis.