DATE

INSURANCE COMPANY INFO HERE

RE: Letter of Medical Necessity for Panniculectomy and Abdominoplasty Procedure code 15830 and 15847 that has been denied. I have Dercum’s disease E88.2 **OR** I have lipedema R60.9; I89.0

Patient:

Policy Number:

Inquiry Control Number:

Diagnosis:

I am X years old and have been diagnosed with X:

Dercum's disease is an extremely rare disorder characterized by multiple, painful growths consisting of fatty tissue (lipomas). These growths mainly occur on the trunk, the upper arms and upper legs and some are just below the skin (subcutaneously). Pain associated with Dercum's disease can often be severe. Pain may be caused by these growths pressing on nearby nerves. Dercum's disease mainly occurs in adult women. In some cases, affected individuals may also experience weight gain, depression, lethargy, and/or confusion. The exact cause of Dercum's disease is unknown.

**OR**

Lipedema is a painful fat disorder characterized by increased fat on the legs and arms usually sparing the trunk. When the fat does affect the trunk, due to poor elasticity in the tissue, the skin and fat can grow and due to heaviness of the tissue, forms a panniculus that then cannot resolve on its own. The panniculus can also grow after childbirth or surgery such as a hysterectomy.

INSURANCE COMPANY has been paying for my treatment for Dercum’s disease/LIPEDEMA for a number of years and continues to pay for the treatment. You have denied my claim for a Panniculectomy and Abdominoplasty saying it was for cosmetic reason. There’s no cure for Dercum’s disease/LIPEDEMA.

Instead, treatment usually focuses on pain management using:

* prescription pain relievers
* cortisone injections
* calcium channel modulators
* methotrexate
* infliximab
* interferon alpha
* surgical removal of lipomas
* liposuction
* electrotherapy
* acupuncture
* intravenous lidocaine
* nonsteroidal anti-inflammatory drugs
* staying healthy with anti-inflammatory diets and low-impact exercise such as swimming and stretching

I have done everything but surgical removal of lipomas/LIPEDEMA TISSUE. I am now at a point in my life that I need to do something more.

I would like to appeal the decision of denying Dr. X request to do a Panniculectomy and Abdominoplasty providing a clearer explanation of why this is a medical necessity rather than a cosmetic procedure:

1.   Physiological malfunction.  Unlike a cosmetic procedure, which by definition has only a side effect of improving the physicaliological appearance, this procedure is indeed reconstructive surgery because the physiological function of the body which is impacting me in the following ways:

a.   Recurrent and painful rashes that require antibiotics.  I have used a variety of creams and other remedies trying to resolve the issue but it has not responded to these manners of conservative treatment.  Over the course of time, the rash has caused open fissions that require me to lie on my back because the tension of the stomach pulls open the sore causing an immense amount of pain. My panniculus hangs down to the middle of my thighs, which makes it very difficult to walk, sit, and stand.

b.    History of surgeries that over time weakened when presented together leading to the need of reconstructive surgery due to the excess of medical necessity as a result of the healing process:

                                    i. One pregnancy which resulted in a C-Section cutting the muscle of the stomach wall for this procedure.

                                    ii. Obesity with excessive weight loss resulting in panniculus (abdominal "apron" of superficial fat)

                                     iii. Panniculitis with dermatitis, which has included a history of infection of the abdominal wall and medication was prescribed

                                     iv. Radical hysterectomy surgery that resulted in cutting the muscle of the stomach wall for the procedure

                                     v.   Gall bladder surgery also resulted in cutting into the area that supports the wall.

2.    Back pain.  The condition causes excess pain and worsening of my degenerative/post-surgical condition. This has aggravated my lumbar pain. I find it difficult to stand or walk for more than 20 minutes at a time without pain.  I have difficultly lifting, reaching, bending and sitting for prolonged periods due to the excess tissue.

 In searching for a more conservative treatment, I have sought out the help of a Dr. X, who specializes in Fat Disorders (Dercum’s disease/Lipedema); lost 100 pounds to help with the panniculus, taken a variety of medications from muscle relaxers, pain relievers, and opiates.  The result has not been an improvement in quality of life, less sick time, or pain.  Simply continuing to treat this symptom alone would quickly exceed the cost of the proposed surgery, which would result in less pain.

3.   Deformities associated cause an inability to exercise and impaired ambulation because of the panniculus interfering with activities of daily living.  I am a widower so I need to have the ability to stand long enough to go to the grocery store, the ability to sit in a car without pain, the ability to bend over to do things like tie my own shoes and take care of myself from daily hygiene to working at my job.  Currently, my condition limits these basic every day activities.

4.   Inability to perform my job without pain.  As the sole provider, it is imperative that I can continue to do so.  Because of my responsibilities at work, it is an essential function to be able to sit for long periods, and stand for long periods.   Currently, I must make a decision between being foggy with pain pills to perform at my job that would impair my judgment or just do my job in pain.

 5. Because I have Dercums disease/lipedema and this is one known method (as stated above) to help manage the pain that currently is disrupting my ability to function as an independent individual. I have tried most of the other treatments. I had a stem cell implant 4 years ago. This is my last resort to help with my mobility and pain. No one really understands why liposuction works to relieve pain since the total body mass removed may be a very small percentage. Some experts believe that the procedure changes your metabolic processing with weight loss typically occurring for the first 18 months following surgery.

The policy states that the panniculus hangs below the lower level of pubis, which it does. My panniculus hangs down almost to the middle of my thighs. Because is hangs down so low, it impedes my ability to walk. The more weight I lose, the farther it hangs down. I have weighed the same weight for six months. I never had bariatric surgery; I lost weight on my own. This panniculus causes me an extreme amount of pain and impedes my day-to-day activities to live a normal life.

My Dercums specialist is Dr. X. She states that removal of abnormal fat tissue from people with lipedema or Dercums disease by lymphatic sparing liposuction is a common treatment in Europe and now in the United States. You can contact her at X. Email is X.

In summary, please appeal the decision of having Dr. X do a Panniculectomy and Abdominoplasty so that I might be able to function as an adult without pain or disabilities. From a business point of view, I know INSURANCE COMPANY is concerned with the costs of surgery and my hope is that investment will result in a reduction of payments because of these issues. I hope I have successfully demonstrated the medical necessity of this procedure for me, it is not a cosmetic surgery but it is a medical necessity of my current state with Dercums disease.

Sincerely

PATIENT NAME AND ADDRESS