

5432 E. Southern Ave., Suite 100
Mesa, AZ 85206
Phone (480) 854-1900
Fax (480) 854-1088

**Arizona Vascular Medical
Equipment, Inc.**

www.arizonavascular.com

Fax Request

To:	Dr. Karen Herbst / Staff	From:	Sergio V.
Fax:	310.747.5908	Date:	03.01.24
Ph:		Pages:	2
Re:	Tracy Logelin	DOB:	10.11.70

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☒ **Please Reply** ☒ **Please Recycle**

•Comments:

**• Please Sign the attached Letter of Medical Necessity
(making any appropriate changes) Please note –
Authorization can take up to 14 days once submitted to the
patient's insurance.**

Please Return to Fax# (480) 854-1088

OR

sergiovalles@arizonavascular.com

Thank you,

Sergio Valles
(480) 854-1900 ext. 109

LETTER OF MEDICAL NECESSITY

3/01/2024

Patient: Tracy Logelin

DOB: 10/11/1970

To Whom It May Concern:

I am Ms. Tracy Logelin for Lipedema, Secondary Lymphedema and Venous Insufficiency.

Prior conservative treatments that have been tried and failed include 4 weeks and more of elevation, exercise, 20-30 mmHg compression therapy and patient education in lymphedema management. Despite these conservative treatments, Ms. Logelin continues to present with hyperplasia, stage II lymphedema and lipedema of her lower and upper extremities. Ms. Logelin is currently being treated at Simons physical therapy for Lymphedema, Decongestive Exercises and Manual Lymphatic Drainage treatments. I feel as though additional care in the form of long-term daily home compression pump therapy is warranted at this time to maintain proper management of this chronic condition.

Ms. Logelin requires further treatment to improve her lymphedema and the next course would be for her to use a pneumatic compression device due to the patient's unique characteristics of lymphedema, venous intervention, and the limited treatment options of the basic device, I strongly recommend the LymphaPress device specifically for our patient. (Arizona Vascular is an exclusive provider of the LymphaPress product). The basic pump cannot deliver gentle, calibrated gradient pressures, which are essential due to patient's low tolerance for pain and will exacerbate her pain due to its non-segmented pressures. Traditional-pump treatment squeezes and holds harsher pressures on the lymphatic limb from the distal to proximal end, it will push more swelling to patient's abdomen and hips which will result in more extensive treatments, and therefore the basic device is not recommended. It is my professional opinion that this device is the safest and best course of treatment for Ms. Logelin. I request for no alternates or substitutions.

I am prescribing the Optimal Plus Pump with bilateral full leg sleeves and bilateral arm sleeves appliances to properly treat her symptoms. Ms. Logelin requires the advanced pump and the LymphaPress has the appropriate garments for treatment and has gradient pressures to manipulate lymph fluid to healthier tissues for disbursement. This is a chronic condition and the device will be needed indefinitely. The prognosis is good with the use of the compression pump. The other modalities have failed; therefore, it is strongly recommended that the LymphaPress device be approved for the patient as an important component of in-home management of Lymphedema. Ms. Tracy Logelin is expected to have greater outcomes with daily use of the LymphaPress. Please consider for approval for lifetime use.

Sincerely,

Karen Herbst, MD

NPI: 1114977840