

Case Number:	CM13-0015137		
Date Assigned:	01/10/2014	Date of Injury:	03/20/2000
Decision Date:	08/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old female with a reported date of injury on 03/20/2000. The mechanism of injury reportedly occurred when the injured worker's chair slipped out from under her, causing her to fall while seated. Her diagnoses were noted to include lumbosacral sprain/strain and status post left foot metatarsalgia. Her previous treatments were noted to include physical therapy and medications. The progress note dated 05/31/2013 reported that the injured worker complained of low back pain that was present all of the time with radiating pain down the posterior aspect of the bilateral lower extremities to the feet with numbness and tingling in the same distribution. The injured worker complained of left knee pain that was present all of the time to the anterior aspect of the left knee, and there was swelling and giving way of the knee. The injured worker complained of left ankle pain that was present most of the time and pointed to the lateral aspect of the left ankle, with swelling and giving way of the ankle. The injured worker utilized a walker for ambulation and was unable to cook or clean due to the low back, left knee and left ankle pain. The injured worker reported that she had gained 100 pounds since she was last seen in 2011. The physical examination revealed that the injured worker's stated weight was 403 pounds; and due to the weight gain, she was unable to exercise. The physical examination of the lumbosacral spine noted diffuse palpable tenderness through the lumbosacral spine and no evidence of paravertebral muscle rigidity or spasms. The range of motion testing was deferred as the injured worker was unable to stand due to the complaints of pain. The knee jerks and ankle jerks were present and equal bilaterally, and straight leg raise testing was negative. The sensory examination was normal, and motor power did not reveal evidence of gross weakness. The physical examination of the left knee revealed no palpable effusion, a negative impingement sign, and no palpable or audible crepitus. Palpation of the medial/lateral joint line caused discomfort. The range of motion to the right/left was noted as

flexion to 140 degrees and extension to 180 degrees. The physical examination of the left ankle/foot noted hammertoe deformities with partial subluxation of the 2nd, 3rd, 4th and 5th metatarsal heads of the left foot. Swelling was noted, and there was palpable tenderness at the plantar aspect of the left foot. The range of motion was noted to be dorsiflexion of 15 degrees; plantar flexion was to 60 degrees. Inversion was to 30 degrees, and eversion was to 15 degrees bilaterally. The injured worker indicated that she had developed arthritis in both knees, and no new surgeries or treatments had been performed. The progress note dated 12/04/2012 revealed that the injured worker weighed 419 pounds and had a BMI of 71.91. The injured worker revealed that she had tried multiple diets and weight loss programs without success. The Request for Authorization form was not submitted within the medical records. The request is for an evaluation and treatment with [REDACTED] for gastric banding.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EVALUATION AND TREATMENT WITH [REDACTED] FOR GASTRIC BANDING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Medical Policy SURG.00024 Surgery for Clinically Severe Obesity, Anthem.com and on the website <http://emedicine.medscape.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 163.

Decision rationale: The injured worker weighs over 350 pounds and has a BMI of 71.91 and has tried multiple diets and weight loss programs without success. Additionally, she has arthritis in both knees and used a walker and is unable to exercise due to pain. The California MTUS ACOEM state that if a diagnosis is uncertain or complex, if psychosocial factors are present or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer an injured worker to another specialist for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or an examinee's fitness for a return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating an injured worker within the doctor/patient relationship. The documentation provided indicated that the injured worker's weight was over 350, and her BMI was 71.91 as well as that the injured worker had an inability to exercise. An evaluation for a consultation is medically warranted; however, the treatment for gastric banding is not supported by the guidelines since the evaluation has not been performed. Therefore, the request is not medically necessary.