

<b>Case Number:</b>	CM13-0015960		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/08/2007
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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:

Thus far, the applicant has been treated with the following: Analgesic medications; prior knee arthroscopy with partial medial and lateral meniscectomies on August 14, 2012; Magnetic Resonance Imaging (MRI) imaging of the knee of May 10, 2012, notable for a medial meniscal tear and tricompartmental osteoarthritis; an Magnetic Resonance Imaging (MRI) of the right knee without contrast of May 10, 2012, again notable for moderate-to-severe tricompartmental osteoarthritis with horizontal meniscal tear; attorney representation; and work restrictions. It is unclear whether the applicant's limitations have been accommodated or not. In a utilization review report of July 25, 2013, the claim's administrator denied a bariatric surgery, stating that weight loss is a personal/lifestyle issue. The applicant's attorney later appealed. It is stated that the applicant has persistent references of knee pain. She is having difficulty with limping, standing, and walking. She is asked to try and lose weight and pursue a gastric bypass surgery. She has given refills of oral Tylenol No. 4 and Voltaren. An earlier progress note of May 17, 2013 states that the applicant stands 5 feet 2 inches tall and weighs 250 pounds. An earlier note of December 4, 2012 is also sparse and notable for comments that the applicant weighs 246 pounds and stands 5 feet 2 inches tall. It stated that the applicant is on [REDACTED] diet. A consultation of March 23, 2012 is notable for comments that the applicant is overweight and has fibromyalgia. She is still working. She is limping. She has had Supartz injections. She stands 5 feet 2 inches tall and weighs 235 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bypass/bariatric surgery for obesity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society for Bariatric Surgery Guidelines.

**Decision rationale:** The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted by the American Society for Bariatric Surgery Guidelines on the pre-surgical assessment of bariatric surgery candidates, pre-surgical assessment includes documentation on previous attempts at weight management, eating and dietary styles, the presence of physical therapy activity versus inactivity, and/or the presence or absence of substance abuse issues. In this case, however, it does not appear that any of the aforementioned screening has transpired or taken place. It does not appear that the claimant's previous attempts to try and lose weight, eating style, dietary styles, presence or absence of substance abuse, presence or absence of physical activity, etc., have not been detailed or described by the attending provider on any recent progress notes submitted. Performing bariatric surgery without a precursor assessment of these critical factors (which may determine the success and ultimate outcome of the surgery) is not indicated. Therefore, the request remains non-certified, on independent medical review.