

Case Number:	CM13-0018602		
Date Assigned:	12/18/2013	Date of Injury:	09/20/2002
Decision Date:	01/30/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/30/2013

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 General Surgery and is licensed to practice in Texas. 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:

The patient is a 32-year-old male who reported a work related injury on 09/20/2002. The mechanism of injury was noted as the patient stepped into a hole and injured his right knee and low back. The patient underwent right knee surgery in 2004. The patient had a second knee surgery and reported a 100 pound post-injury weight gain. The patient has undergone conservative therapy to include physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bariatric surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Chapter section on Bariatric Surgery.

Decision rationale: The Official Disability Guidelines indicate that gastric bypass is recommended for type II diabetes patients if a change in diet and exercise does not yield adequate results. Most guidelines indicate that bariatric surgery should be performed only in patients with type II diabetes who have BMIs of greater than 35 kg/m². The patient was not

noted to have a diagnosis of type II diabetes. There was also no documentation that the patient had failed an adequate exercise and diet program with or without adjunctive drug therapy. The patient's glucose level was 79, per lab results dated 07/10/2013. The clinical documentation submitted for review does not support a bariatric surgery consultation. As such, the request for one bariatric surgery consultation is not medically necessary and appropriate.