

<b>Case Number:</b>	CM13-0019644		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation 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:

The claimant is a 56-year-old female with a date of injury 12/14/2007. Recent clinical assessment for review includes an 08/28/2013 progress report from [REDACTED], stating the claimant is with complaints of a left long finger trigger digit, for which he is "too fearful" to undergo surgical procedure. Objectively, there is noted to be triggering at the A1 pulley. Further clinical findings were not noted. The claimant was diagnose on that date with a left long digit triggering, right wrist pain, right knee pain, stress syndrome, headaches, insomnia, cervical sprain, and left wrist strain. A prior assessment of 07/18/2013 with [REDACTED], did not give subjective complaints for the claimant, but gave her objective findings of "diabetes and hypertension." He recommended the role of a weight loss surgery for further individualized treatment for the claimant. The claimant's current weight is not documented. Prior physical examination from 07/10/2012 gave her a weight of 180 pounds and a body mass index of 35. At that time, she was diagnosed with obstructive sleep apnea, diabetes, cervicogenic headaches, history of a carotid aneurism and overactive bladder; as well as hand, neck, low back pain issues. This was a report by treating physician [REDACTED]. Records do not indicate imaging. As stated above, there is a request for weight loss surgery for the claimant in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss surgery; multiple body parts:** 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 (ODG), Diabetic Chapter, Bariatric Surgery Section.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at the Official Disability Guidelines (ODG) criteria, criteria for bariatric surgery is only indicated in the setting of type 2 diabetes with a body mass index of 35 or greater, with lack of documentation of control of diabetes and simpler forms of management including diet, weight loss, and medications. Guidelines also indicate the need for preoperative mental health evaluation to rule out a pre-existing psychiatric diagnosis that would negate the role of the surgical process, as well as for assessment in regards to both pre- and postoperative requirements compliance, and ability to comply with postoperative regimen. Records in this case fail to demonstrate the claimant's current weight, but put her BMI at roughly 35 over a year and a half ago. At present, there is also no current diagnosis of underlying type 2 diabetes, and no indication of behavioral health assessment for preoperative evaluation and psychological clearance. Absence of the above would fail to necessitate the role of bariatric surgery for this individual, based on clinical records for review.