

<b>Case Number:</b>	CM13-0021739		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Orthopedic Surgery 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 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 patient is a 48-year-old male who reported an injury on 05/17/2011. The mechanism of injury was noted to be the patient was apprehending a suspect and sustained a twisting injury. The documentation of 10/15/2012 revealed the physician opined the patient should have a weight loss program and a lap band procedure or gastric sleeve and a home exercise program. The surgical procedure was a high tibial osteotomy. The documentation of 08/06/2013 revealed that the patient is in need of losing 50 to 75 pounds before proceeding with a total knee arthroplasty of the right knee. It was indicated the patient had difficulty losing weight and had bilateral lower extremity injuries. It was indicated that the patient had been dieting with little weight loss. The patient had severe pain in the right knee. The physical examination revealed valgus deformity, crepitus, and pain throughout motion about the tibiofemoral joint in the right knee. The diagnoses included Sartorius muscle injury left thigh, continued weakness and pain, and posttraumatic osteoarthritis of the right knee. The treatment recommendations included authorization to a bariatric surgeon and follow up with the orthopedist as well as medications and a right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW UP EVALUATION WITH [REDACTED] (RIGHT KNEE, LEFT THIGH):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER, OFFICE VISITS

**Decision rationale:** Official Disability Guidelines indicate the need for a clinical visit with a health care provider is individualized based on the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated that the patient had previously seen the physician that was requested. However, as it was indicated the physician was not going to do surgery until the patient lost weight, the request for a follow up evaluation with [REDACTED] (right knee, left thigh) is not medically necessary.

**CONSULTATION WITH A BARIATRIC SURGEON (WEIGHT REDUCTION):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Bariatric

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** California MTUS Chronic Pain Guidelines indicate that upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicates that since 10/15/2012 the patient was recommended to lose weight. The documentation of 08/06/2013 indicated that the patient had been dieting with little weight loss and that the patient had difficulty with exercise. There was a lack of documentation of the patient's weight and/or weight loss and BMI. Additionally, there was a lack of documentation indicating the patient had been eating a healthy diet and how long the patient had been trying to lose weight on his own. Given the above, the request for a consultation with a bariatric surgeon (weight reduction), is not medically necessary.