

Case Number:	CM13-0021979		
Date Assigned:	11/13/2013	Date of Injury:	05/28/2008
Decision Date:	02/06/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 New York and 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 31-year-old female who reported a work-related injury on 05/28/2008, specific mechanism of injury not stated. The clinical note dated 08/13/2013 reports the patient was seen in consultation under the care of [REDACTED]. The provider documents the patient presents with a weight of 317.5 pounds and a BMI of 54.5. The provider documents the patient has pain to her bilateral knees and lumbar spine. The provider reported the patient has utilized multiple dietary regimens, including soft, but controlled diet, physician-directed dietary program without any success. The provider documented the patient utilizes Vicodin, Prilosec, and Norco. The patient's blood pressure was noted to be 120/82. The provider reported the patient presented with the following diagnoses of morbid obesity, mild sleep apnea, joint arthropathies, GERD, and dyspnea on exertion. The provider reported the patient was a candidate for a laparoscopic sleeve gastrectomy

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic sleeve gastrectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Boru, Cristian, et al. "Effectiveness of laparoscopic

sleeve gastrectomy (first stage of biliopancreatic diversion with duodenal switch) on co-morbidities in super-obese high-risk patients." Obesity Surgery 16.9 (2006): 1138-1144. Hutter, Matthew M., et al. "Fi

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence exhaustion of lower levels of conservative treatment prior to the requested operative procedure. Additionally, the clinical notes failed to document the patient presented with any significant comorbidities such as diabetes or hypertension to warrant the requested operative procedure. Journal article entitled "Effectiveness of laparoscopic sleeve gastrectomy on co-morbidities in super-obese high-risk patients" indicates laparoscopic sleeve gastrectomy represents a safe and effective procedure to achieve marked weight loss, as well as significant reduction of major obesity-related comorbidities. However, as the clinical notes failed to document exhaustion of lower levels of conservative treatment, as well as the patient's significant comorbidities, the request for laparoscopic sleeve gastrectomy with 3 to 4 day inpatient stay is not medically necessary or appropriate.

3-4 Day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Boru, Cristian, et al. "Effectiveness of laparoscopic sleeve gastrectomy (first stage of biliopancreatic diversion with duodenal switch) on co-morbidities in super-obese high-risk patients." Obesity Surgery 16.9 (2006): 1138-1144. Hutter, Matthew M., et al. "Fi

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence exhaustion of lower levels of conservative treatment prior to the requested operative procedure. Additionally, the clinical notes failed to document the patient presented with any significant comorbidities such as diabetes or hypertension to warrant the requested operative procedure. Journal article entitled "Effectiveness of laparoscopic sleeve gastrectomy on co-morbidities in super-obese high-risk patients" indicates laparoscopic sleeve gastrectomy represents a safe and effective procedure to achieve marked weight loss, as well as significant reduction of major obesity-related comorbidities. However, as the clinical notes failed to document exhaustion of lower levels of conservative treatment, as well as the patient's significant comorbidities, the request for laparoscopic sleeve gastrectomy with 3 to 4 day inpatient stay is not medically necessary or appropriate.