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| <b>Case Number:</b>   | CM13-0022276 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 09/07/2010 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 08/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 injured worker is a 69-year-old male who sustained an injury on 09/07/10, when he twisted his knee and sustained injuries to the bilateral shoulders and right knee. The injured worker had been followed for ongoing complaints of right knee pain and bilateral shoulder pain. Prior treatment included aquatic therapy. The injured worker was utilizing a scooter for mobility. The injured worker had a prior aneurysm repair in the bilateral popliteal arteries. The injured worker had a seventy (70) pound weight gain with a current weight of 325 pounds as of 08/13. The injured worker had prior right knee arthroscopy to repair the meniscus; however, the injured worker had no significant benefit with the procedure. The injured worker also underwent right shoulder rotator cuff repair in 04/12 followed by revision procedures. The injured worker was suffering from chronic obstructive pulmonary disease (COPD) and emphysema. Medication history included hydrocodone and soma. As of 08/12/13, the injured worker continued to report severe pain with some benefits obtained with the use of aquatic therapy. The injured worker was again recommended for bariatric surgery. On physical examination there was significant decrease range of motion in the cervical spine. The injured worker denied any radicular symptoms. The injured worker described severe pain in the knees. There was poor range of motion in the lumbar spine. Catching was noted in the right upper extremity with limited range of motion. The injured worker had continuing positive McMurray signs with catching and popping. The injured worker was recommended for further sonograms of the popliteal arteries. The injured worker was also recommended to continue with gym membership that had pool privileges for ongoing weight program. The requested gym membership for pool access and bariatric surgery was denied by utilization review on 08/29/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR POOL ACCESS:** 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), Health clubs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**Decision rationale:** The Official Disability Guidelines indicate that gym memberships are not routinely supported due to the risk for re-injury, due to the lack of any medical oversight and supervision. The clinical documentation submitted for review did not identify any specific goals that were to be met with the continued use of a gym membership program. There was an unspecified reference to weight loss; however, this was not clarified on further evaluation. Given the limited indications for a gym membership program for this injured worker, this reviewer would not have recommended the request.

**BARIATRIC SURGERY FOR WEIGHT LOSS:** 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).

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

**Decision rationale:** There is no indication from the clinical documentation that the injured worker had failed attempts at standard caloric control or a dieting and regimented weight loss program. It is unclear what the current body mass index (BMI) of the injured worker was although his weight was provided. There was also no documentation regarding consultation with dietician or nutritionists regarding reduced calorie diet supervised that was supervised. As the clinical documentation submitted for review did not meet guideline recommendations regarding the requested procedure, this reviewer would not have recommended the request.