

Case Number:	CM13-0028330		
Date Assigned:	11/27/2013	Date of Injury:	03/04/2009
Decision Date:	02/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 was injured in a work related accident on March 4, 2009. The mechanism of injury is unclear. A recent clinical progress report of October 7, 2013 by [REDACTED] indicated that the patient is with continued complaints of bilateral knee degenerative arthritis. It stated he currently weighs greater than 250 pounds and he had recommended a weight loss program prior to a total knee replacement procedure. He continues to be with severe complaints of pain as well as deformity, left greater than right with occasional low back complaints, positive swelling bilaterally, diminished range of motion and a positive McMurray's test. At that visit, the patient was injected with corticosteroid and continued with work restrictions. Further recommendations in the form of a weight loss program were recommended at that time for further treatment and assessment. Further clinical records are not supportive of the patient's current request. There is a request at this time for a weight loss program to include laparoscopic gastric restrictive procedure and preoperative consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

weight loss program for bilateral knees, including laparoscopic gastric restrictive procedure and pre-operative consultation, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 and Bariatric surgery: the challenges with candidate selection, individualizing treatment and clinical outcomes: BMC Medicine 2013, 11:8 doi:10.1186/1741-70

Decision rationale: Based on California ACOEM and MTUS Guidelines, the role of the proposed procedure would not be indicated. MTUS Guidelines indicate that personal modified risk factors including individual risk factors such as weight loss, smoking cessation and work or fitness are essentially lifestyle choices. The role of the use of these modalities for the purpose of medical management of work related conditions cannot be supported. Furthermore, Guideline criteria would not indicate the acute need of bariatric surgical process for the sole purpose of proceeding with joint replacement procedure in this young 45-year-old individual for whom records do not indicate attempts at individual weight loss reduction program alone.

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