

Case Number:	CM13-0031309		
Date Assigned:	12/11/2013	Date of Injury:	10/14/2009
Decision Date:	04/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 49-year-old who was injured on October 14, 2009 and is currently being treated for degenerative changes of the right knee and low back with radicular left leg complaints. Conservative treatment has included physical therapy, medication management and recent aquatic therapy. The clinical assessment on November 6, 2013 documented diagnoses of posttraumatic left knee arthritis, obesity and smoking history and noted that the patient was still attempting weight loss and smoked a pack of cigarettes "per month". The documentation noted continued pain about the left knee with limited range of motion. Objectively, there was pain in the ankle subtalar joint with limited motion. The patient's weight was documented at 296 pounds. Recommendation was made for a lap band surgical process for the sole purpose of weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LAB BAND FOR WEIGHT LOSS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: Based on Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines, weight loss in and of itself is a personal lifestyle decision. There is no documentation within the records provided for review that states the patient's current weight is a direct result of his work related injury. While weight loss would clearly have a beneficial effect on the patient's diagnosis of posttraumatic arthritis, as well as the patient's overall health, the role of modification of individual risk factors such as weight loss and smoking cessation, for which the patient continues to be a current smoker, would be personal risk modification decisions. These decisions would be independent of the patient's work related injury. The request for lap band surgery for the purpose of weight loss in this case as stated, while having beneficial effect for the diagnosis of post-traumatic arthritis in and of itself, would not be medically necessary in relationship to the patient's work related injury. The request for a lap band for weight loss is not medically necessary or appropriate.