

<b>Case Number:</b>	CM13-0055937		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 General Surgery 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 47-year-old female who reported an injury on 08/15/2009. The mechanism of injury was noted to be the injured worker was getting off a forklift, landed awkwardly, and twisted her left knee. The documentation of 10/28/2013 revealed that the injured worker should have a partial knee replacement surgery; however, as it was indicated there had been a weight gain of 50 pounds, the request was made for gastric bypass surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BARIATRIC SURGERY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons Sages Guidelines For Laparoscopic and Conventional Surgical Treatment of Morbid Obesity

**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:** Official Disability Guidelines recommends Bariatric Surgery in the form of a gastric bypass, not gastric banding, if a change in diet and exercise does not yield adequate

results. The clinical documentation indicated the injured worker was 50 pounds overweight. However, there was a lack of documentation indicating the injured worker had previously tried other methods including self-monitoring and diet and had failed. Additionally, there is a lack of documentation indicating that there was a request for consultation with a bariatric surgeon to support the need for bariatric surgery. The submitted request failed to indicate the type of surgery being request. Given the above, the request for bariatric surgery is not medically necessary.