

<b>Case Number:</b>	CM13-0064206		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 63-year-old female who reported an injury on 07/25/2012. The mechanism of injury involved a fall. The patient is diagnosed with morbid obesity. The patient was seen by [REDACTED] on 11/06/2013. It is noted the patient suffered a stroke in 2010 which caused right-sided weakness. The patient subsequently gained up to 340 pounds. Physical examination revealed no acute distress. The patient's body mass index was noted to be 48. Treatment recommendations included preoperative clearance prior to a 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:** 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) and (Rationale for the 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 state bariatric surgery is recommended for specific indications. Gastric bypass is recommended for weight loss surgery for type II diabetes, if a change in diet and exercise does not yield adequate results. Bariatric surgery has emerged as an effective treatment option for obese individuals with diabetes. As per the documentation submitted, the patient does not maintain a diagnosis of diabetes. Although it is noted that the patient's body mass index is 48, the patient suffered a stroke in 2010 causing right-sided weakness, subsequently resulting in significant weight gain. The relation of the patient's stroke in 2010 to the industrial injury in 2008 is unknown. There is also no documentation of this patient's failure to respond to weight loss management with diet and exercise prior to the request for a surgical intervention. It was also recommended by [REDACTED] that the patient undergo a supervised weight loss program for 3 months. As there is no indication of an exhaustion of conservative treatment, the current request cannot be determined as medically appropriate at this time. Therefore, the request is non-certified.

**PRE-OP WORKUP TO INCLUDE: STRESS ECHOCARDIOGRAM - DOUBATAMINE STRESS ECHO, PRE-OP EDG, PRE-OP EKG, PRE-OP CHEST X-RAY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**PRE-OP LAB BLOOD WORK:** Upheld

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

**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, Preoperative Testing, General.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**PRE-OP EVALUATION BY PSYCHIATRIST:** Upheld

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

**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, Preoperative Testing, General.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**PRE-OP EVALUATION BY NUTRITIONIST:** Upheld

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

**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, Preoperative Testing, General.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**PRE-OP EVALUATION WITH BARIATRICIAN:** Upheld

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

**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, Preoperative Testing, General.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**PREOPERATIVE INFORMATIONAL SEMINAR AND ATTEND SUPPORT GROUP MEETINGS:** Upheld

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

**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, Preoperative Testing, General.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.