MAXIMUS Federal Services

Case Number:	CM14-0100346		
Date Assigned:	07/30/2014	Date of Injury:	03/25/2006
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

This 48 year old female sustained injury to her left elbow and knees in 2006. She reported weight gain and is now at 300 pounds as of the progress note dated 6/6/14. The requesting provider has requested authorization for a Lap Band procedure to address her obesity, excess weight gain since in jury that is affecting her activities of daily living. The diagnoses per the requesting provider as of 4/24/14 were: moderate to severe osteoarthritis of the knees; healed laceration left elbow; mild top early polyneuropathy. As of 3/28/14, she was noted to weigh 296 pounds and was 5'4"; 295 as of 2/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/100_199/0157.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:1.)Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by A. G. Tsai and T. A. Wadden. 2) AETNA INSURANCE, CLINICAL POLICY AND PROCEDURES.

Decision rationale: There is not a record of her weight at the time of the injury. There is no mention as to how her weight is affecting her injuries although one should be able to assume it is intended by the requesting provider to be the knees. Co-morbidities related to morbid obesity are not documented. There have been no attempts on the part of the patient to lose weight. There is not a record of a supervised weight loss program of any duration. Lower body exercise might well be difficult for this patient but upper body would not. There has not been a documented exercise program. A height of 5'4" with a weight of 300 is not enough information to justify bariatric surgery. The request is not medically necessary and appropriate.