

Case Number:	CM14-0102117		
Date Assigned:	07/30/2014	Date of Injury:	03/15/2006
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

This 48-year-old claimant reported an industrial injury on 3/15/06. Exam note from 6/6/14 demonstrates complaints of pain at night secondary to joint pain. Report demonstrates weight gain by the claimant who is 300 pounds. Objective findings include patient being disclosive, cooperative and attentive. No evidence is reported of fabrication or inconsistency. Patient is noted to be alter to time, place, person and situation. Exam demonstrates nonspecific tenderness at the left elbow. Moderate tenderness is noted at the medial epicondyle and lateral epicondyle on the left. Knee examination demonstrates moderate tenderness at the medial collateral and lateral collateral ligament on the left. No documentation of prior weight loss attempts, height or BMI. Request is made for LapBand weight loss procedure to address obesity and excess weight gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAPS GASTRIC RESTRICTIVE DEVICE PLACEMENT PROCEDURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/100_199/0157.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In addition CA MTUS/ACOEM 2004, Chapter 5, page 83, Cornerstones to Disability Prevention and Management states, "To achieve functional recovery, patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must adhere to exercise and medication regimens, keep appointments, and take responsibility for their moods and emotional states." In this case, the notes from 6/6/14 do not demonstrate any attempts at prior attempts at weight loss to warrant a bariatric surgeon referral for a Lap Gastric restrictive device placement procedure. Therefore the request for LAPS Gastric Restrictive Device Placement procedure is not medically necessary and appropriate.