

<b>Case Number:</b>	CM14-0106016		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 59 year old male had a date of injury of 3/17/06 and had a sleeve gastrectomy to accomplish weight loss 9/19/13. He had a 70-pound weight loss and has excess redundant skin of the abdominal wall. He is also noted to have hypertension, abdominal pain, and gastroesophageal reflux disease. The request was for removal of excess skin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision of Excess Skin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Plast Reconstr Surg. 2014 May;133(5):623e-627e. doi: 10.1097/PRS.000000000000101. Risk factors for pannus formation in the post-bariatric surgery population. Chung CW1, Kling RE, Sivak WN, Rubin JP, Gusenoff JA.

**Decision rationale:** The weight was 183 on 1/25/14. The weight, height, BMI at the time of the sleeve gastrectomy has not been provided to this reviewer. No photos have been provided to this reviewer. There is not a history of intertriginous rashes, fluid accumulation, excoriation,

ulceration, odor, or medical treatment. It is generally accepted that a symptomatic redundant panniculus should be removed with and upon medical necessity and after a weight has been stable for 12 months. Generally accepted is the panniculus that hangs 2 cm below the symphysis, is associated with intertriginous rashes, etc. therefore this request is not medically necessary.