

Case Number:	CM14-0018437		
Date Assigned:	05/07/2014	Date of Injury:	10/01/2009
Decision Date:	07/09/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 patient is a 40-year-old female who reported an injury on 10/12/2009 after a twisting injury to her leg. The injured worker's treatment history included physical therapy, gastric bypass in 2005, and [REDACTED] since 09/2013. The patient was evaluated on 09/25/2013. It was documented that she was overweight and walked with a stiff gait. It was documented that the patient complained of 5/10 right knee pain and right shoulder pain. The patient had 6/10 low back pain. Physical findings included a positive McMurray's test and small effusion of the right knee. Physical findings of the right shoulder included tenderness to the acromioclavicular joint. Physical findings of the lumbar spine included tenderness to the paraspinal musculature. The injured worker's treatment plan included continued medications and home exercise, bariatric surgery with a gastric sleeve, and a referral to a bariatric surgeon. A specific request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BARIATRIC SURGERY-GASTRIC SLEEVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HISTORY AND PHYSICAL EXAMINATION.

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: The request for bariatric surgery gastric sleeve is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines do not recommend gastric banding over gastric bypass as a treatment plan for weight loss. Furthermore, the clinical documentation submitted for review failed to identify that the patient had significant weight issues that required additional surgery beyond what was already provided. Although it is noted that the patient is significantly overweight, there was no BMI or vital statistics to include height and weight provided for this patient to support that diagnosis. Additionally, the clinical documentation failed to provide any evidence that the patient is failing to respond to the weight loss program that they are currently participating in. There is no documentation that the patient is not participating in an exercise program. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested bariatric surgery gastric sleeve is not medically necessary or appropriate.