

Case Number:	CM14-0111890		
Date Assigned:	08/01/2014	Date of Injury:	10/26/1989
Decision Date:	09/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 10/26/1989. The mechanism of injury was not provided for review. The injured worker's treatment history included a [REDACTED] weight loss program. The injured worker was evaluated for gastric bypass surgery on 06/19/2014. It was documented that the injured worker had successfully lost weight during the [REDACTED] program. However, it is reported that the injured worker had gained a substantial amount of weight since completing the program. It was noted that the injured worker is 5 feet 1 and a half inches tall and weighs 243 pounds with a body mass index of 45.26. The injured worker's diagnoses included hypertension, fibromyalgia, asthma, back pain, diabetes mellitus type II, and pneumonia. The injured worker's medications included ascorbic acid 500 mg, aspirin 81 mg, exenatide 5 mcg/0.2 mL per injection, hydrochlorothiazide, ibuprofen 600 mg, lactobacillus rhamnosus 10 billion cells per capsule, metformin 500 mg, multivitamin, Ramipril, Ranitidine, and zinc sulfate. It was determined that the injured worker was a surgical candidate and that preoperative procedures to include a support group meeting, a dietitian meeting, a psychological or social worker meeting, an esophagogastroduodenoscopy with biopsy, cardiac stress test, cardiac clearance, preoperative education class, dietitian seminar, and preliminary labs would need to be initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) support group meeting: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) 5, page(s) 89-92.

Decision rationale: The requested One (1) support group meeting is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines gastric bypass surgery unless a change in diet and exercise has failed to provide adequate results in weight loss. The clinical documentation submitted for review does not clearly indicate that the injured worker maintained dietary and exercise concepts learned during the [REDACTED] weight management program. There is no documentation that the injured worker is currently participating in any type of nutritional management or caloric intake restriction. There is no documentation that the injured worker is participating in any type of self-managed or self-directed exercise program to assist with weight loss. The American College of Occupational and Environmental Medicine recommends that injured workers participate in medical treatment and stay as active as possible to maintain improvement levels provided during treatment to assist in functional recovery. The clinical documentation submitted for review does not indicate that the injured worker has been participating in a self-managed self-directed weight loss program to maintain improvement levels obtained during a supervised weight loss program. Surgical intervention would not be supported. As it appears the patient is not a surgical candidate and that surgery has not been authorized or scheduled, preoperative procedures would also not be supported. As such, the requested One (1) support group meeting is not medically necessary or appropriate.

CSMC Dietician: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) 5, page(s) 89-92.

Decision rationale: The requested CSMC Dietician is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines gastric bypass surgery unless a change in diet and exercise has failed to provide adequate results in weight loss. The clinical documentation submitted for review does not clearly indicate that the injured worker maintained dietary and exercise concepts learned during the [REDACTED] weight management program. There is no documentation that the injured worker is currently participating in any type of nutritional management or caloric intake restriction. There is no documentation that the injured worker is participating in any type of self-managed or self-directed exercise program to assist with weight loss. The American College of Occupational and Environmental Medicine recommends that injured workers participate in medical treatment and stay as active as possible to maintain improvement levels provided during

treatment to assist in functional recovery. The clinical documentation submitted for review does not indicate that the injured worker has been participating in a self-managed self-directed weight loss program to maintain improvement levels obtained during a supervised weight loss program. Surgical intervention would not be supported. As it appears the patient is not a surgical candidate and that surgery has not been authorized or scheduled, preoperative procedures would also not be supported. As such, the requested CSMC Dietician is not medically necessary or appropriate.

CMIS Psychologist or Social Worker: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) 5, page(s) 89-92.ODG) Diabetes Chapter, Bariatric Surgery.

Decision rationale: The requested CMIS Psychologist or Social Worker is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines gastric bypass surgery unless a change in diet and exercise has failed to provide adequate results in weight loss. The clinical documentation submitted for review does not clearly indicate that the injured worker maintained dietary and exercise concepts learned during the [REDACTED] weight management program. There is no documentation that the injured worker is currently participating in any type of nutritional management or caloric intake restriction. There is no documentation that the injured worker is participating in any type of self-managed or self-directed exercise program to assist with weight loss. The American College of Occupational and Environmental Medicine recommends that injured workers participate in medical treatment and stay as active as possible to maintain improvement levels provided during treatment to assist in functional recovery. The clinical documentation submitted for review does not indicate that the injured worker has been participating in a self-managed self-directed weight loss program to maintain improvement levels obtained during a supervised weight loss program. Surgical intervention would not be supported. As it appears the patient is not a surgical candidate and that surgery has not been authorized or scheduled, preoperative procedures would also not be supported. As such, the requested CMIS Psychologist or Social Worker is not medically necessary or appropriate.

EGD (Esophagogastroduodenoscopy) with biopsy: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

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, Pre-Operative Lab Testing (general).

Decision rationale: The requested EGD (Esophagogastroduodenoscopy) with biopsy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines recommend preoperative lab testing when the injured worker has comorbidities that can put the patient at risk for intraoperative or postoperative complications. This is a morbidly obese injured worker with diagnoses to include hypertension and diabetes. These diagnoses put the injured worker at risk for development of intraoperative and postoperative complications. Therefore, preoperative testing would be indicated in this clinical situation. However, the clinical documentation does not support that the injured worker is a surgical candidate, surgery has been authorization, and/or that surgery has been scheduled. Therefore, preoperative testing would not be supported. As such, the requested EGD (Esophagogastroduodenoscopy) with biopsy is not medically necessary or appropriate.

Cardiac Stress Test: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain Chapter, Pre-Operative Testing (general).

Decision rationale: The requested Cardiac Stress Test is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines recommend preoperative lab testing when the injured worker has comorbidities that can put the patient at risk for intraoperative or postoperative complications. This is a morbidly obese injured worker with diagnoses to include hypertension and diabetes. These diagnoses put the injured worker at risk for development of intraoperative and postoperative complications. Therefore, preoperative testing would be indicated in this clinical situation. However, the clinical documentation does not support that the injured worker is a surgical candidate, surgery has been authorization, and/or that surgery has been scheduled. Therefore, preoperative testing would not be supported. As such, the requested Cardiac Stress Test is not medically necessary or appropriate.

Cardiac Clearance: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Chapter, Pre-Operative Testing (general).

Decision rationale: The requested Cardiac Clearance is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines recommend preoperative lab testing when the injured worker has comorbidities that can put the patient at risk for intraoperative or postoperative complications. This is a morbidly obese injured worker with diagnoses to include hypertension and diabetes. These diagnoses put the injured worker at risk for development of intraoperative and postoperative complications. Therefore, preoperative testing would be indicated in this clinical situation. However, the clinical documentation does not support that the injured worker is a surgical candidate, surgery has been authorization, and/or that surgery has been scheduled. Therefore, preoperative testing would not be supported. As such, the requested Cardiac Clearance is not medically necessary or appropriate.

Pre-op education class: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) 5, page(s) 89-92 Diabetes Chapter, Bariatric Surgery.

Decision rationale: The requested Pre-op education class is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines gastric bypass surgery unless a change in diet and exercise has failed to provide adequate results in weight loss. The clinical documentation submitted for review does not clearly indicate that the injured worker maintained dietary and exercise concepts learned during the [REDACTED] weight management program. There is no documentation that the injured worker is currently participating in any type of nutritional management or caloric intake restriction. There is no documentation that the injured worker is participating in any type of self-managed or self-directed exercise program to assist with weight loss. The American College of Occupational and Environmental Medicine recommends that injured workers participate in medical treatment and stay as active as possible to maintain improvement levels provided during treatment to assist in functional recovery. The clinical documentation submitted for review does not indicate that the injured worker has been participating in a self-managed self-directed weight loss program to maintain improvement levels obtained during a supervised weight loss program. Surgical intervention would not be supported. As it appears the patient is not a surgical candidate and that surgery has not been authorized or scheduled, preoperative procedures would also not be supported. As such, the requested Pre-op education class is not medically necessary or appropriate.

Dietician seminar: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) 5, page(s) 89-92) Diabetes Chapter, Bariatric Surgery.

Decision rationale: The requested Dietician seminar is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines gastric bypass surgery unless a change in diet and exercise has failed to provide adequate results in weight loss. The clinical documentation submitted for review does not clearly indicate that the injured worker maintained dietary and exercise concepts learned during the [REDACTED] weight management program. There is no documentation that the injured worker is currently participating in any type of nutritional management or caloric intake restriction. There is no documentation that the injured worker is participating in any type of self-managed or self-directed exercise program to assist with weight loss. The American College of Occupational and Environmental Medicine recommends that injured workers participate in medical treatment and stay as active as possible to maintain improvement levels provided during treatment to assist in functional recovery. The clinical documentation submitted for review does not indicate that the injured worker has been participating in a self-managed self-directed weight loss program to maintain improvement levels obtained during a supervised weight loss program. Surgical intervention would not be supported. As it appears the patient is not a surgical candidate and that surgery has not been authorized or scheduled, preoperative procedures would also not be supported. As such, the requested Dietician seminar is not medically necessary or appropriate.

Preliminary labs: 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.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low Back chapter, Pre-Operative Lab Testing.

Decision rationale: The requested Preliminary labs are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines recommend preoperative lab testing when the injured worker has comorbidities that can put the patient at risk for intraoperative or postoperative complications. This is a morbidly obese injured worker with diagnoses to include hypertension and diabetes. These diagnoses put the injured worker at risk for development of intraoperative and postoperative complications. Therefore, preoperative testing would be indicated in this clinical situation. However, the clinical documentation does not support that the injured worker is a surgical candidate, surgery has been authorization, and/or that surgery has been scheduled. Therefore, preoperative testing would not be supported. As such, the requested Preliminary labs are not medically necessary or appropriate.