

Case Number:	CM14-0132648		
Date Assigned:	08/22/2014	Date of Injury:	09/23/2009
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 41-year-old female with a 9/23/09 date of injury, and ankle fusion in January 2014. At the time (7/22/14) of request for authorization for office/outpatient visit new, there is documentation of subjective (daily pain) and objective (not specified) findings, current diagnoses (left ankle fusion with non-union and avascular necrosis of the tibial plafond), and treatment to date (surgery and medications). Medical report identifies a request for consult with a bariatric surgeon. There is no documentation of a diagnosis of type 2 diabetes; AND BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes; AND not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration (including medications; diet and exercise (physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) OR consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional); and for patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Office/outpatient Visit new: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bariatric Surgery

Decision rationale: MTUS does not address the issue. ODG identifies documentation of a diagnosis of type 2 diabetes; AND BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes; AND not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration (including medications; diet and exercise (physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) OR consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional); and for patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.)), as criteria necessary to support the medical necessity of Bariatric surgery. Within the medical information available for review, there is documentation of diagnoses of left ankle fusion with non-union and avascular necrosis of the tibial plafond. In addition, there is documentation of a request for consult with a bariatric surgeon. However, there is no documentation of a diagnosis of type 2 diabetes; AND BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes; AND not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration (including medications; diet and exercise (physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification) OR consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional); and for patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.)). Therefore, based on guidelines and a review of the evidence, the request for office/outpatient visit new is not medically necessary.