

Case Number:	CM14-0136924		
Date Assigned:	09/29/2014	Date of Injury:	10/01/2000
Decision Date:	11/06/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, Pulmonary Disease 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 53-year-old female who reported an injury on October 01, 2000 due to an unknown mechanism. Diagnoses were diabetes, sleep apnea on CPAP, gastroesophageal reflux disease, back pain, and knee pain. Physical examination on August 05, 2014 revealed the injured worker was 360 pounds, and 5 feet and 4 inches tall, with a BMI of 60.1, with super malignant obesity. The injured worker was there regarding weight loss surgery. Past surgical history was cholecystectomy and caesarian section. Medications were metformin and Catapres. The injured worker reported constant problems with her knees and a significant weight gain. Examination revealed the abdomen was soft, nontender, and nondistended. Extremities revealed no clubbing, cyanosis, or edema bilaterally. Risk, including leak, in particular DVT, PE, and mortality were discussed with the injured worker. The option of gastric bypass versus gastric bypass was discussed with the injured worker. The injured worker needed to understand this was for lifelong medical surveillance, including daily multivitamin intake and behavior modification. Treatment plan was for laparoscopic sleeve, gastrectomy, and possible hiatal hernia repair. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic)

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, Preoperative

Decision rationale: The request for an EKG is not medically necessary. The Official Disability Guidelines recommended an EKG for injured workers undergoing a high-risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Injured workers undergoing low risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Pre-operative EKGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The included medical documents lack evidence of signs or symptoms of active cardiovascular disease. It is unclear if the injured worker is undergoing a high-risk surgery or is undergoing an intermediate risk surgery with additional risk factors. It was not reported that the gastric bypass surgery was certified. Therefore, this request is not medically necessary.

Echocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic)

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, Preoperative Testing, General

Decision rationale: The request for an Echocardiography is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. It was not reported that the injured worker was to undergo bariatric bypass surgery. It was not reported that the injured worker had a history of cardiovascular disease. Therefore, this request is not medically necessary.

PFT (pulmonary function test): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Pulmonary Function Testing

Decision rationale: The request for a PFT (pulmonary function test) is not medically necessary. The Official Disability Guidelines state pulmonary function testing is recommended as indicated. It is separated into simple spirometry and complete function testing. The simple spirometry measures the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25% to 75% of the total exhaled volume (FEF). The complete pulmonary function test (PFT) adds tests of the lung volumes and the diffusing capacity for carbon monoxide (DLCO). Lung volumes can be assessed by traditional methods or by using plethysmography, requiring the use of a body box. The latter test can also test for airflow resistance and conductance. It was not reported that the injured worker was to undergo gastric bypass surgery. The rationale for ordering a PFT was not reported. The injured worker did not have a diagnosis of asthma or shortness of breath. The clinical information submitted for review does not provide evidence to justify a pulmonary function test. Therefore, this request is not medically necessary.

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic)

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, Preoperative Testing, General

Decision rationale: The request for a chest x-ray is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. It was not reported that the injured worker was to undergo bariatric bypass surgery. It was not reported that the injured worker had a history of cardiovascular disease. Based on the lack of clinical documentation and detailing a clear indication for a chest x-ray, this request is not medically necessary.

Mammogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Cancer Institute (<http://www.cancer.gov/cancertopics/factsheet/detection/mammograms>)

Decision rationale: The California Medical Treatment Utilization Schedule, ACOEM Practice Guidelines, and the Official Disability Guidelines do not address this request. The National Cancer Institute was referenced. A mammogram is an x-ray picture of the breast. Screening mammograms are used to check for breast cancer in women who have no signs or symptoms of the disease. Diagnostic mammograms are used to check for breast cancer after a lump or other sign or symptom of the disease has been found. Screening mammography can help reduce the number of deaths from breast cancer among women ages 40 to 74. Potential limitations of screening mammography include false-positive results, overdiagnosis and overtreatment, false-negative results, and radiation exposure. The rationale for ordering a mammogram was not reported. It was not reported that he injured worker was having any type of significant problems. Screening mammograms are not Workman Comp related. Therefore, this request is not medically necessary.

Unknown Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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, Preoperative Lab Testing

Decision rationale: The request for Unknown Labs is not medically necessary. The Official Disability Guidelines state preoperative lab testing is recommended as indicated. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. This request is not medically necessary due to the fact the request stated unknown labs. The clinical information submitted for review does not provide evidence to justify the decision for unknown labs. Therefore, this request is not medically necessary.

Cardiology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Chapter 6, page 163.

Decision rationale: The request for a Cardiology consultation is not medically necessary. The ACOEM Practice Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or examine fitness for return to work. There was no clear rationale to support the consultation. There were no significant factors provided to justify a cardiology consultation. Based on the lack of detailed documentation for a clear indication for Cardiology Consult, this request is not medically necessary.

Pulmonary consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Chapter 6, page 163.

Decision rationale: The request for a Pulmonary consultation is not medically necessary. The ACOEM Practice Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or examine fitness for return to work. There was no clear rationale to support the consultation. It was not reported that the injured worker was having shortness of breath or a history of asthma. There were no significant factors provided to justify a Pulmonary consultation. Based on the lack of documentation detailing a clear indication for Pulmonary Consult, this request is not medically necessary.

Psych consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Chapter 6, page 163.

Decision rationale: The request for a Psych consultation is not medically necessary. The ACOEM Practice Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or examine fitness for return to work. There was no clear rationale to support the consultation. There were no significant factors provided to justify a Psych consultation. Based on the lack of documentation detailing a clear indication for a Psych consultation, this request is not medically necessary.