

<b>Case Number:</b>	CM14-0156584		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 63-year-old female with a 2/17/97 date of injury, and duodenal switch in 2004. At the time (9/11/14) of the Decision for 4 follow-up visits (2 follow-up office visits and 2 referral office visits regarding removal of excess skin), there is documentation of subjective (excess skin from weight loss interfering with ability to exercise) and objective (excess loose skin on the extremities) findings, current diagnoses (skin hypertrophy and atrophy not otherwise specified), and treatment to date (medications, acupuncture, and physical therapy). Medical reports identify that the patient has low Vitamin D and K, and that the requesting physician addresses the patient's nutritional issues. There is no documentation of panniculus hanging below the level of the pubis and symptoms or functional impairment persisting despite significant weight loss which has been stable for at least 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Follow-Up Visits (2 Follow-Up Office Visits and 2 Referral Office Visits Regarding Removal of Excess Skin): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127 ;Official Disability Guidelines (ODG) Pain Chapter, Office visits Other Medical Treatment Guideline or Medical Evidence:

[http://www.anthem.com/medicalpolicies/policies/mp\\_pw\\_a053328.htm](http://www.anthem.com/medicalpolicies/policies/mp_pw_a053328.htm)

**Decision rationale:** Specifically regarding follow-up, MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Specifically regarding panniculectomy, MTUS and ODG do not address this issue. Medical Treatment Guidelines identify documentation of panniculus hanging below the level of the pubis, AND documented recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers that has not responded to conventional treatment for a period of 3 months, OR documented difficulty with ambulation and interference with the activities of daily living; AND symptoms or functional impairment persisting despite significant weight loss which has been stable for at least 3 months or well-documented attempts at weight loss (medically supervised diet or bariatric surgery) have been unsuccessful; AND at least 18 months status post bariatric surgery or documented stable weight for at least 3 months, as criteria necessary to support the medical necessity of Panniculectomy (Excess skin removal after weight loss surgery). Within the medical information available for review, there is documentation of a diagnosis of skin hypertrophy and atrophy not otherwise specified. In addition, given documentation that the patient has low Vitamin D and K, and that the requesting physician addresses the patient's nutritional issues, there is documentation of a rationale identifying the medical necessity of the requested follow-up. Furthermore, given documentation that excess skin from weight loss interfering with ability to exercise, there is documentation of difficulty with ambulation and interference with the activities of daily living. Lastly, there is documentation of at least 18 months status post bariatric surgery. However, there is no documentation of panniculus hanging below the level of the pubis and symptoms or functional impairment persisting despite significant weight loss which has been stable for at least 3 months. Therefore, based on guidelines and a review of the evidence, the request for 4 follow-up visits (2 follow-up office visits and 2 referral office visits regarding removal of excess skin) is not medically necessary.