

Case Number:	CM14-0162367		
Date Assigned:	10/23/2014	Date of Injury:	02/15/2012
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 Illinois. 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 47-year-old male who reported an injury on 02/15/2012 due to almost falling out of a food truck; however, he was able to catch himself. The injured worker complained of moderate left shoulder pain, mild left elbow pain, moderate left wrist pain, and mild lower back pain. The injured worker had a diagnosis of severe morbid obesity, sprain/strain of the left shoulder, sprain/strain of the left elbow, sprain/strain of the left wrist, depression and anxiety, along with sprain/strain of the lumbar spine. Prior surgeries included a left carpal tunnel release of the left wrist, dated 09/2012. Prior diagnostics included an x-ray of the left shoulder, dated 06/13/2013, which revealed congenital shortening of the distal clavicle. CT scan, of the left shoulder, left arm, left elbow, left hand, left wrist, lateral lower back, and left knee. Prior treatments included [REDACTED] program and a gym membership. The objective findings, dated 07/29/2014, revealed the patient had a height of 5'2", weight of 395 pounds, with very poor balance secondary to morbid obesity. The physical evaluation of the left shoulder revealed a range of motion with flexion at 180 degrees bilaterally, adduction 180 degrees bilaterally, and extension 40 degrees bilaterally. The patient rated her pain 0-4/10 on the right, 0-4/10 pain on the left. JAMAR was 70/70/70 to the right and 70/65/70 to the left. The past treatments included injections and medication. Request for Authorization, dated 10/23/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric bypass: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142 pages 1-42 January 2005 "Evaluation of the Major Commercial Weight Loss Programs" by A. G. Tsai and T.A. Wadden, Annals Royal College of Surgeons of England, Nov 2, 2009 "Obesity and Recovery from Low Back Pain" by Mangwani J, Giles C, Mullins M, Salih T. Natali C.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) weight loss surgery

Decision rationale: The request for Gastric bypass is not medically necessary. The Official Disability Guidelines recommend gastric bypass, not gastric banding, weight loss surgery for type II diabetes. The criteria for gastric surgery includes gastric bypass procedure recommended for diabetes, not gastric band procedure; type II diabetes diagnosis; BMI of 35 or more or a BMI of 30 to 35 if the patient has poorly controlled diabetes; not achieving recommended treatment targets (A1C greater than 6.5%) with medical therapies for a cumulative total of 12 or longer in duration, documented medical records including medication, 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 clinician or nutritionist and reduced calorie diet program supervised by dietician or nutritionist; plus exercise regimen supervised by exercise therapist or other qualified professional. For patients with a history of severe psychiatric disturbance such as schizophrenia, borderline personality disorder, suicidal ideation, and severe depression, a preoperative psychological evaluation and clearance is necessary to ensure the ability to comply with pre and postoperative requirements. The documentation dated 03/11/2014 indicated that the injured worker had a weight of 430 pounds and he was already down to 400 pounds. The 07/29/2014 notes indicated that the injured worker was at 395, so he already lost at least 40 pounds. The injured worker also had partial certified use for a home gym and [REDACTED] program; however, no follow-up was documented. Additionally, the injured worker should be encouraged to continue with an exercise regimen and a healthy diet. The guidelines state the gastric bypass is for diabetes; however, there is no diagnosis of diabetes. As such, the request is not medically necessary.

Associated surgical service: Gastric sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142 pages 1-42 January 2005 "Evaluation of the Major Commercial Weight Loss Programs" by A. G. Tsai and T.A. Wadden, Annals Royal College of Surgeons of England, Nov 2, 2009 "Obesity and Recovery from Low Back Pain" by Mangwani J, Giles C, Mullins M, Salih T. Natali C.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) weight loss surgery

Decision rationale: The request for Associated surgical service: Gastric sleeve is not medically necessary. The Official Disability Guidelines recommend gastric bypass, not gastric banding, weight loss surgery for type II diabetes. The criteria for gastric surgery includes gastric bypass procedure recommended for diabetes, not gastric band procedure; type II diabetes diagnosis; BMI of 35 or more or a BMI of 30 to 35 if the patient has poorly controlled diabetes; not achieving recommended treatment targets (A1C greater than 6.5%) with medical therapies for a cumulative total of 12 or longer in duration, documented medical records including medication, 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 clinician or nutritionist and reduced calorie diet program supervised by dietician or nutritionist; plus exercise regimen supervised by exercise therapist or other qualified professional. For patients with a history of severe psychiatric disturbance such as schizophrenia, borderline personality disorder, suicidal ideation, and severe depression, a preoperative psychological evaluation and clearance is necessary to ensure the ability to comply with pre and postoperative requirements. The documentation dated 03/11/2014 indicated that the injured worker had a weight of 430 pounds and he was already down to 400 pounds. The 07/29/2014 notes indicated that the injured worker was at 395, so he already lost at least 40 pounds. The injured worker also had partial certified use for a home gym and [REDACTED] program; however, no follow-up was documented. Additionally, the injured worker should be encouraged to continue with an exercise regimen and a healthy diet. The guidelines state the gastric bypass is for diabetes; however, there is no diagnosis of diabetes. As such, the request is not medically necessary.