

Case Number:	CM14-0175745		
Date Assigned:	10/28/2014	Date of Injury:	05/25/2010
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This 44 year old female sustained injury 5/25/10. She weighed 330 pounds on 9/25/14. She has issues with her left knee since her fall. She needs arthroscopic left knee surgery but needs to accomplish weight loss first. A Psych consultation is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: 1 Laparoscopic vertical sleeve gastrectomy: 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), Diabetes chapter, Criteria for Bariatric surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Diabetes Chapter/Criteria for Bariatric surgery: a. Gastric Bypass procedure recommended, not Lap Band. b. Type II diabetes mellitus diagnosis c. BMI 35 or more or 30-35 in patient with poorly controlled diabetes mellitus i. Not achieving recommended treatment targets (A1C <6.5%) with medical therapies for cumulative total of at least 12 months documented in the medical

Decision rationale: There has been inadequate information provided to this reviewer to justify bariatric surgery. Her height and BMI have not been provided. Nutritional consultation and weight loss and exercise program has not been documented. Compliance has not been demonstrated. Personal attempts at weight loss have not been noted. Therefore, the request for bariatric surgery is denied.

[REDACTED]: 1 Esophagogastroduodenoscopy: 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), Diabetes chapter, Criteria for Bariatric surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Updated Position Statement on Sleeve Gastrectomy as a Bariatric Procedure. 2011 Oct 28 (Click to view: <https://prnmail.com/services/medrefpreview.asp?RefID=41733>)

Decision rationale: Part of the gastric sleeve procedure is a recommendation to do esophagogastroduodenoscopy preoperatively to rule out pathology that would complicate or contraindicate the gastric sleeve procedure.