

Case Number:	CM14-0030090		
Date Assigned:	06/20/2014	Date of Injury:	07/14/2008
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 patient is a 33 year old male who was injured on 07/14/2008. Mechanism of injury is unknown. Prior treatment history has not been included in the medical records. Diagnostic studies were not submitted in the medical records for review. An AME dated 09/11/2013 documented the patient had neck pain which is constant and achy. The pain is worse with movements. He complains of numbness and tingling of the fingers of his left hand for one year. He states that cracking and stretching his neck decreases the pain. His pain level is 6/10. The patient has left shoulder pain which is constant. The range of motion is limited and he has numbness with tingling in his left hand. He has numbness and tingling of his left upper extremity as well as he is unable to use his hand because of a loss of strength in the shoulder. He has difficulty opening a door. He also has difficulty lifting his daughter. His pain level is 8/10. The patient also has lower back pain which is intermittent and sharp. Bending forward increases the pain. Prolonged walking and sitting also increases the pain. He has numbness and tingling in the toes of his right foot. Stretching and rest helps the pain. He has good days and bad days and his lower back pain is 9/10. Objective findings on examination reveal tenderness to palpation at the spinous processes at C5 and C6 on the left and C7 on the right. There is decreased range of motion in all planes. Reflexes for the upper extremity in the biceps is +1 on left and 0 on right. Examination of the left shoulder reveals tenderness to palpation noted over the AC joint, over the anterior aspect of the rotator cuff and over the biceps tendon. There is a decreased range of motion in all planes. Motor strength is 5/5 of all muscle groups of the upper extremities. The lumbar spine exam reveals decreased range of motion in all directions. DTRs are normal bilaterally on the lower extremity. Diagnoses include chronic neck pain, tear of the posterior labrum of the left shoulder with partial rotator cuff tear, chronic lower back pain and moderate spinal stenosis involving L4-L5 and L5-S1. Utilization report dated 02/28/2014 states the request

for (1) surgical weight loss program between 02/26/2014 and 04/12/2014 was not certified due to the most recent medical report did not provide the current weight measurement of the patient or calculated BMI to establish the need for weight loss. In addition, failure of other noninvasive treatment options such as diet modification, exercise behavioral modification and drug therapy was not demonstrated. Therefore the medical necessity of the requested surgical weight loss program was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgical Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD, Obesity. <http://www.mdguidelines.com/obesity>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Bariatric Surgery.

Decision rationale: As per CA MTUS guidelines, a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. The ODG considers surgical weight loss program an option for obese patients meeting certain criteria. In general, patients should be obese, have failed conservative therapy, and possibly be diabetic. The clinical documents do not establish the patient has failed conservative weight loss regimens. There was insufficient discussion of the patient's previous trial with diet modification and exercise. The patient's co-morbidities were not sufficiently discussed within the clinical documentation. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.