

<b>Case Number:</b>	CM13-0070367		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas

Certification(s)/Specialty: Surgery

### 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 42-year-old female who reported an injury on 02/04/2009. The mechanism of injury reportedly occurred when the injured worker fell off a ladder, injuring her lumbar, right knee, neck, left and right wrist, and left eye. Her diagnoses include lumbar disc displacement without myelopathy, acquired spondylolisthesis, pain in joint of shoulder, pain in joint of lower leg, unspecified major depression single episode, specified major depression, recurrent episode, patient psychogenic NEC, post-traumatic stress disorder, bad chronic pain NEC, and morbidly obese. Her past treatments have included medications, physical therapy, and psychiatric therapy. Her diagnostic studies include an MRI of the right knee performed on 08/10/2012, with findings of small joint effusion. Small popliteal cyst. A small amount of fluid is seen in the subacromial/subdeltoid space, which correlates with suspicion for bursitis. Supraspinatus and infraspinatus tendinopathy. There is a 4 mm articular surface tear of the infraspinatus located approximately 20 mm posterior to the rotator intervals. Her surgical history includes lumbar disc replacement surgery performed on 07/19/2010 with effusion at an unknown level. The injured worker presented on 12/05/2013 with complaints of chronic neck, knee, shoulder, and back pain. Objective physical examination findings included was that the injured worker is morbidly obese with an antalgic gait with the assistance of a single point cane. Examination of the right shoulder revealed tenderness to palpation over the anterior shoulder joint. Range of motion of the shoulders was decreased by 50% on flexion and abduction and decreased by 20% with internal rotation and 40% on external rotation. Her current medication regimen included cyclobenzaprine, Lexapro, Prilosec, Topiramate, Ambien, Norco, and

Wellbutrin. The treatment plan included a follow-up for a scheduled cortisone injection to the right shoulder, a surgical consultation for an injection to the right knee, embrace physical therapy, recommendation for weight loss or bariatric surgery first. The rationale for the request was to reduce back and knee pain. A Request for Authorization form dated 12/06/2013 was submitted in the documentation for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Laparoscopic possible open gastric bypass: 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 Other Medical Treatment Guideline or Medical Evidence: Society of American Gastrointestinal and Endoscopic Surgeons.

**Decision rationale:** The request for laparoscopic possible open gastric bypass surgery is non-certified. The Society of American Gastrointestinal and Endoscopic Surgeons Guidelines for patient selection criteria state that patients must have a body mass index of > 40kg, failed attempts at diet and exercise, are motivated and well informed, and are free of significant psychological disease merits consideration. In addition, the expected benefits of operation must outweigh the risks. The preoperative evaluation includes identifying issues, which may interfere with the success of the surgery and assessing and treating comorbidities. Typical assessment includes psychological testing, nutritional evaluation, and medical assessment. Preoperative weight loss may be useful to reduce liver volume and improve access for laparoscopic bariatric procedures, but mandated preoperative weight loss does not affect postoperative weight loss or comorbid improvements. Medical assessment prior to bariatric surgery is similar to abdominal operations of the same magnitude. A thorough history and physical examination with systematic reveal is used to identify comorbidities that may complicate the surgery. Routine laboratory evaluation typically includes CBC, metabolic profile, coagulation profile, lipid profile, thyroid function test, and ferritin. Cardiovascular evaluation includes an EKG and possible stress test to identify occult coronary artery disease. The documentation submitted for review failed to include evidence of a preoperative lab workup and a nutritional consult. In the absence of the aforementioned documentation, the request as submitted does not meet medical necessity. As such, the request for decision for laparoscopic possible open gastric bypass is not medically necessary.

#### **With liver biopsy: 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 Other Medical Treatment Guideline or Medical Evidence: Society of American Gastrointestinal and Endoscopic Surgeons.

**Decision rationale:** The request for liver biopsy is non-certified. The injured worker has morbid obesity. The Society of American Gastrointestinal and Endoscopic Surgeons state laparoscopic surgery may be difficult or impossible in patients with giant ventral hernias, severe intra-abdominal adhesions, or large liver. However, as the documentation submitted for review failed to meet medical necessity for laparoscopic or open gastric bypass, the request for liver biopsy is not warranted and is not supported by the guidelines. As such, the request for liver biopsy is not medically necessary.