

<b>Case Number:</b>	CM14-0120615		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female patient who sustained an industrial injury on 11/01/2008. A primary treating office visit dated 06/09/2014, reported subjective complaint of right wrist/hand pain with radiation to right forearm accompanied by numbness, tingling and cramping. In addition, she had complaint of right ring finger pain. Objective findings showed right wrist/hand well healed incision and left wrist/hand mild thenar atrophy, positive Phalen's test; along with a positive Durkan's compression test. She is diagnosed with status post right carpal tunnel release 01/22/201 and left carpal tunnel syndrome. A request was made for a lapband consultation. On 07/08/2014, Utilization Review, non-certified the request, noting the CA MTUS, Consultations was cited. The injured worker submitted an application for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lap-Band Consult:** 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** According to the 04/02/2014 report, this patient presents with neck, low back, upper and lower extremity pain. The current request is for Lap-Band consultations. A lap-band, a band, or LAGB is a laparoscopic adjustable gastric band, an inflatable silicone device placed around the top portion of the stomach to treat obesity, intended to slow consumption of food and thus reduce the amount of food consumed. Regarding consultations, the ACOEM guidelines, chapter 7, page 127 states; that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the medical records provided for review do not provide any discussion to indicate that the patient needs a Lap band. There is no clinical information to indicate that the patient is obese. The patient's BMI was not included in the reports. Therefore, the request for Lap-Band consultations without knowing the patient is obese IS NOT medically necessary.