

Case Number:	CM14-0147645		
Date Assigned:	09/15/2014	Date of Injury:	02/06/2004
Decision Date:	01/08/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Laparoscopic Surgery and is licensed to practice in Texas. 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 50 year old male who sustained a work related injury on February 6, 2004 when a truck rolled backwards throwing the injured worker to the ground. He sustained injuries to the upper and lower back, both shoulders and both knees. This surgical history is significant for a laparoscopic gastric band procedure was on May 17, 2012 and a left total knee replacement on April 30, 2014. On 07/22/2014, he presented for a follow up evaluation. He was doing well with the left knee following his surgery but had continued pain in the right knee. He also reported sharp pain in the right shoulder and low back rated at a 7/10. A physical examination showed an antalgic gait with the use of a cane for ambulation. There was positive tenderness and muscle spasm in the paralumbar musculature. He had a positive straight leg raise on the left, a positive Neers and Hawkins test, and positive ac joint/ greater tuberosity tenderness. The left knee showed positive patellofemoral facet tenderness, positive crepitus, positive quadriceps atrophy, and positive medial/lateral joint line tenderness. The treatment plan was for a gastric bypass surgery to promote longevity of the left knee total knee components and alleviate pain in the lower extremities. The request for authorization was signed on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Gastric Bypass Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gastric Bypass Surgery: American College of

Physicians. Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Pharmacologic and Surgical Management of Obesity in Primary Care: a Clinical Practice Guideline from the American College of Physicians, Ann Intern Med 2005 Apr 5;142(7):525-31

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Bariatric Surgery

Decision rationale: The CAMTUS/ACOEM Guidelines do not address the request. The official disability guidelines recommend gastric bypass surgery for those with type 2 diabetes after failure of medications and diet/exercise. The injured worker should have a BMI of 35 or more, or BMI of 30-35 if diabetes is poorly controlled. There should also be evidence that the injured worker has undergone a psychological evaluation. There is a lack of documentation regarding the injured worker's BMI. Without documentation showing that the injured worker has a BMI of 35 or more, if diabetes is poorly controlled, the request would not be supported. There is also no documentation showing that the injured worker has a diagnosis of type 2 diabetes to support the request. In addition, there is no evidence that the injured worker has undergone a psychological evaluation to support the request for a gastric bypass surgery. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the prospective request for a Gastric Bypass Surgery is not medically necessary.