MAXIMUS Federal Services

Case Number:	CM14-0202966		
Date Assigned:	12/15/2014	Date of Injury:	02/25/2002
Decision Date:	01/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 63 year old male who was injured on 2/25/2002 after falling off of a retaining wall injuring his right leg and hip. He was diagnosed with brachial neuritis/radiculitis, osteoarthritis of the hip, rotator cuff disease, hand joint pain, carpal tunnel syndrome, medial epicondylitis, mechanical complication prosthesis, and arm/shoulder sprain. He was treated with medications and injections. The worker was seen by his primary treating physician reporting progressively worse right hip pain, worse with walking and right knee pain which is intermittent. He also reported left knee pain, neck, and back pain. Physical examination findings included BMI 40, tenderness of right groin, no effusion, limited range of motion of the right hip, and normal leg sensation. MRI of the right hip from 8/1/14 was reviewed which showed moderate right hip osteoarthritis with extensive labral attrition and spur replacement. He was then recommended a total right hip joint replacement, but does not meet the criteria due to his BMI being too high. He was then recommended to complete a weight loss program, and if this did not succeed, then bariatric surgery would be recommended, according to the progress note. Soon afterwards, a request for bariatric surgery was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric Consultation and Treatment: 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)

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

Decision rationale: The MTUS is silent regarding bariatric surgery. The ODG, however, states that bariatric surgery (gastric bypass specifically, not banding) is conditionally recommended for those 1. with diabetes, and 2. a BMI of 35 or more (or 30-35 if they have poorly controlled diabetes), and 3. not controlling diabetes targets with medication, diet, and exercise for at least 12 months. Also, a psychiatric evaluation and clearance is necessary to ensure ability to comply with pre and postoperative requirements. Although this worker does not have diabetes, weight loss is an important strategy for reducing hip pain from osteoarthritis as well as reaching a lower risk associated with hip replacement surgery, if that continues to be pursued. However, there was no evidence found in the documents provided of the worker having fully implemented a weight loss program incorporating dietary changes and exercise. These methods need to be exhausted before considering any higher risk procedure such as bariatric surgery, and there was no evidence of such found, therefore, the bariatric surgery is not medically necessary at this time.