Case Number:	CM15-0137178		
Date Assigned:	07/27/2015	Date of Injury:	12/30/2011
Decision Date:	09/29/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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: Arizona
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 37 year old female, who sustained an industrial injury on 12/30/2011. Diagnoses have included abdominal pain, morbid obesity and hiatal hernia. Treatment to date has included diet and medication. According to the progress report dated 3/6/2015, the injured worker complained of right upper quadrant intermittent pain. She reported no further weight loss. She was noted to have lost 13 pounds by diet and was keeping a food log. Her body mass index (BMI) was 51.78. She was noted to have arthritis and was awaiting weight loss surgery so she could have orthopedic corrections. Physical exam revealed the abdomen to be soft and non-tender. She wanted to proceed with gastric banding procedure. The progress report from 6/5/2015 documented that the injured worker had a history of pain in her bilateral knees and right shoulder from degenerative disc disease. She was noted to be struggling with obesity. Authorization was requested for a laparoscopy (gastrectomy) and laparoscopic hiatal hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopy (Gastrectomy): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bariatric Surgery: Risks and Rewards. J Clin Endocrinol Metab. 2008 Nov; 93(11 Suppl 1): S89-S96.

Decision rationale: Bariatric surgery is the most effective therapy available for morbid obesity and can result in improvement or complete resolution of obesity comorbidities. Both open and laparoscopic bariatric operations are effective therapies for morbid obesity and represent complementary state-of-the-art procedures. Bariatric surgery candidates should have attempted to lose weight by non-operative means, including self-directed dieting, nutritional counseling, and commercial and hospital-based weight loss programs, but should not be required to have completed formal non-operative obesity therapy as a precondition for the operation. Bariatric surgery candidates should have a comprehensive medical evaluation before the operation; evaluation by subspecialists (e.g. cardiologists, psychiatrists, and psychologists) is not routinely needed but should be available if indicated. In practical terms, most physicians, surgeons, and carriers consider patients eligible for bariatric surgery if their BMI is at least 40 or if their BMI of at least 35 is accompanied by such comorbidities as diabetes, hypertension, arthritis limiting daily function, and cardiopulmonary failure. This morbidly obese patient has a BMI 51.79 and therefore would meet the NIH guidelines as well as the ASMBS guidelines for surgery for treatment of morbid obesity. However, the treating physician stated in the initial consult note dated 11/8/2014 that the patient must lose at least 20 lbs prior to undergoing any weight loss surgery in addition to other preoperative requirements that were discussed. Weight 11/8/2014 was 309 pounds. Weight 3/6/2015 was 301 pounds. In a visit 4/2015 her weight was recorded at 304 pounds. Therefore she has not met the physician's preoperative requirements of at least a 20 lb weight loss prior to undergoing the weight loss operation. The prior utilization review is upheld and the laparoscopic sleeve gastrectomy is not medically necessary.

Laparoscopic hiatal hernia repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of American Gastrointestinal and Endoscopic surgeons, hiatal hernia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for the Management of Hiatal Hernia. Society of American Gastrointestinal and Endoscopic Surgeons. http://www.sages.org/publications/guidelines/guidelines-for-the-management-of- hiatal-hernia/.

Decision rationale: During operations for Roux-en-Y gastric bypass, sleeve gastrectomy and the placement of adjustable gastric bands, all detected hiatal hernias should be repaired. However, since the laparoscopic sleeve gastrectomy procedure was noncertified, the hiatal hernia repair is also not medically necessary without the associated surgery for morbid obesity. The prior utilization review is upheld. The request is not medically necessary.