

Case Number:	CM15-0183805		
Date Assigned:	09/30/2015	Date of Injury:	10/04/2013
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 55-year-old individual, who sustained an industrial injury on 10-04-2013. The injured worker is being treated for morbidly obese, hypercholesteremia, hypertension, peripheral vascular disease, deep vein thrombosis (DVT), varicose veins, venous insufficiency, asthma, sleep apnea, pain on the knees, and peripheral edema. Treatment to date has included medications including Losartan and Pravastatin. Per the physician consultation dated 8-15-2015, the injured worker presented for evaluation, education and consultation regarding weight loss surgery. Objective findings included obese, pleasant, cooperative, and in no acute distress. Abnormal findings included pedal edema and calf edema. Pertinent medical history includes asthma, deep vein thrombosis (DVT), hypertension, hypercholesteremia, peripheral vascular disease, sleep apnea and varicose veins. Weight was 340 with BMI of 46.7. The plan of care included laparoscopic gastric bypass surgery and authorization was requested for Roux-en-Y gastric bypass, medical clearance (labs, RMR, spirometry, body comp and brachial index), electrocardiogram (EKG), abdominal ultrasound, DEXA, and lower extremity ultrasound. On 9- 02-2015, Utilization Review non-certified the request for Roux-en-Y gastric bypass, medical clearance (labs, RMR, spirometry, body comp and brachial index), electrocardiogram (EKG), abdominal ultrasound, DEXA, and lower extremity ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roux-en-Y H=gastric bypass: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of laparoscopic roux-en-y gastric bypass. According to the Official Disability Guidelines, gastric bypass is recommended as weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. However, gastric banding is not recommended. According to ODG Criteria for Bariatric Surgery, the documentation of pharmacologic and physician supervised weight loss should be made to prove that appropriate non-surgical interventions have been exhausted. There is not sufficient clinical information provided to justify the medical necessity of a laparoscopic roux-en-y gastric bypass for this patient. The clinical records submitted do not support the fact that this patient had evidence of compliance with a medically supervised, non-surgical weight reduction plan. Failure of pharmacologic therapy to lose weight in a medically supervised manner has also not been documented. Therefore, based on the submitted medical documentation, the request for laparoscopic roux-en-y gastric bypass is not medically necessary.

Medical clearance lab: Abdominal Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: DEXA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: Lower Extremity Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: RMR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: Spirometry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: Body comp: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: Ankle brachial index: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance lab: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.