

Case Number:	CM15-0023139		
Date Assigned:	02/12/2015	Date of Injury:	09/27/2007
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 9/27/2007. He reports a slip and fall with a back and bilateral knee injury. Diagnoses include obesity, status post open reduction-internal fixation open reduction-internal fixation occupational therapy the right tibia with hardware, left knee arthroscopy with medial meniscectomy and chondroplasty and left knee unicompartmental medial joint arthroplasty. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 12/22/2014 indicates the injured worker reported back and bilateral knee pain. On 1/9/2015, Utilization Review non-certified the request for a referral to a general surgeon for gastric sleeve procedure, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a general surgeon for gastric sleeve procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 5.

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

Decision rationale: ODG states that gastric bypass, not gastric banding may be considered for treatment of diabetes when changes in diet and exercise do not produce adequate results. The ODG criteria for bariatric surgery include: (1) Gastric bypass procedure recommended for diabetes, not gastric banding procedure.(2) Type 2 diabetes diagnosis.(3) BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes.(4) Not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration, documented in the medical record, including: (a) Medications. (b) Diet and exercise: Physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification), OR: Consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional. (c) For patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre- and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.)In this case, the claimant has a BMI of 43, indicating morbid obesity. He reportedly has borderline type II diabetes but the only A1C in the record from December 11, 2013 is 2013. The report containing this A1C states that this rules out diabetes and ,in fact, an A1C of 5.9 is below the threshold of a diagnosis of diabetes, though it is indicative mild glucose intolerance. He has reportedly tried a physician weight loss program Lindora but only sporadically and no details of specific compliance are included. He has attempted to reduce his food intake but has not been able to, according to the record. Exercise is limited by orthopedic complaints. Although the claimant meets the BMI criteria for consideration of bariatric surgery and he would benefit from weight loss, the request does not meet criteria for bariatric surgery referral. There is no documentation type II diabetes and there is inadequate documentation of adequate trial of physician or nutrition supervised diet and exercise. Additionally, the request is for a gastric sleeve procedure, which is not recommended by ODG. The request for consultation with general surgeon for gastric sleeve procedure is not medically indicated.