

<b>Case Number:</b>	CM15-0221291		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 an industrial injury on 5-28-14. The injured worker reported left knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for a torn left medial meniscus. Provider documentation dated 10-2-15 noted the injured worker "needs gastric bypass"; further noting bypass has been approved. Provider documentation dated 10-2-15 noted the work status as remain off work until "3 months". Treatment has included dietary regimens. Provider documentation noted the left knee pain "has not responded to conservative care." Objective findings dated 10-2-15 were notable for left knee "painful...clicks with most minimal of activities", medial joint line tenderness and crepitation. The original utilization review (10-12-15) denied a request for Psychiatric Consultation-Evaluation and Internal Medicine Consultation/Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Consultation/Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) Bariatric surgery and Other Medical Treatment Guidelines "Medscape" "Laparoscopic Gastric Bypass" <http://emedicine.medscape.com/article/143954-overview#a2>.

**Decision rationale:** The injured worker sustained a work related injury on 5-28-14. The medical records provided indicate the diagnosis of a torn left medial meniscus. The medical records provided for review do not indicate a medical necessity for Psychiatric Consultation/Evaluation. The medical records indicate the injured worker is a now 50 year old male hypertensive diabetic with a body mass index of 56.5 who was recommended for weight loss surgery due to failure of dietary approach, exercise and medication management; the weight loss surgery was denied by the utilization reviewer, but overturned by an independent reviewer, only to be denied again by another utilization reviewer because the injured worker was not identified to be suffering from Diabetes Mellitus type 2. This request is for preoperative psychiatric consultation to evaluation in regards to the weight loss surgery. The requested psychiatric evaluation is not medically necessary based on the fact that the medical records do not indicate the injured worker has psychiatric history. In fact the medical records lacked documentation of psychiatric or mental status. The MTUS recommends that decisions regarding tests and treatment be based on thorough history and physical examination. Although the Official Disability Guidelines states that bariatric surgery has emerged as an effective treatment option for obese individuals, especially in those with diabetes; this guidelines also states as follows "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)." The Official Disability Guidelines for Bariatric surgery include the following: Criteria for Bariatric surgery: (1) Gastric bypass procedure recommended for diabetes, not gastric banding procedure. (2) Type 2 diabetes diagnoses. (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. See recommended medication step therapy for diabetes type-2 glycemic control. (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). Medscape gives the following contra-indications: Contraindications for gastric bypass surgery include the following: History of substance abuse; History of major psychiatric disorder; End-stage organ disease (e.g., hepatic, cardiac, pulmonary).

**Internal Medicine Consultation/Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological and Surgical Management of Obesity in Primary Care: a clinical practice guideline from the American colleges of physicians. *Annals of internal medicine*, 2005, April 5; 142 (seven): 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 (Type 1, 2, and Gestational) Bariatric surgery and Other Medical Treatment Guidelines America Family Physician "Preoperative Evaluation" "<http://www.aafp.org/afp/2000/0715/p387.html>".

**Decision rationale:** The injured worker sustained a work related injury on 5-28-14. The medical records provided indicate the diagnosis of a torn left medial meniscus. The medical records provided for review do indicate a medical necessity for Internal Medicine Consultation/Evaluation. The medical records indicate this is a preoperative medical evaluation towards weight loss surgery in a 50 year old male morbidly obese diabetic with poorly controlled hypertension. The information provided indicates the injured worker meets the recommendations of the Official Disability Guidelines for weight loss surgery. Medscape indicates this procedure requires use of general anesthesia, and carries the risk of pulmonary complication. The MTUS is silent and the Official Disability Guidelines are silent on this topic; but an article in the *American Family* states that the purpose of a preoperative evaluation is not to "clear" patients for elective surgery, but rather to evaluate and, if necessary, implement measures to prepare higher risk patients for surgery. Pre-operative outpatient medical evaluation can decrease the length of hospital stay as well as minimize postponed or cancelled surgeries. The medical records indicate the injured worker has several risk factors that could complicate the surgery: Diabetes, uncontrolled hypertension, morbid obesity, advancing age. Also the surgery itself is associated with pulmonary complications and requires general anesthesia. Therefore, the requested evaluation is medically necessary.