

<b>Case Number:</b>	CM15-0052018		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida

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 59-year-old male, who sustained an industrial injury on 06/04/2013. He has reported subsequent knee pain and was diagnosed with osteoarthritis of the knee, knee sprain, synovitis and chronic internal derangement of the knee. Treatment to date has included oral and topical pain medication and a home exercise program. In a progress note dated 01/21/2015, the injured worker complained of knee joint pain and stiffness. Objective findings were notable for tenderness to palpation of the knee and muscle weakness. The physician noted that the injured worker's body mass index was high at 46 and that the injured worker was being referred for a gastric bypass consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for weight loss and gastric bypass surgery:** 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), Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Which Weight-Loss Programs Are Most Effective Am Fam Physician. 2012 Aug 1;86(3):280-282.

**Decision rationale:** MTUS, ACOEM, and ODG guidelines do not address weight loss issues or referrals for gastric bypass surgery. Therefore, other guidelines were referenced. It should be noted that this patient may have been morbidly obese before his workman's compensation injury. This is not a clear workman's compensation issue. There is also no documented failure of a diet and exercise program. This request is not medically necessary.