

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0052890 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 10/29/2013 |
| <b>Decision Date:</b> | 05/13/2015   | <b>UR Denial Date:</b>       | 03/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2015 |

### 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, Arizona

Certification(s)/Specialty: Surgery, Plastic 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 38-year-old female who reported an injury on 10/29/2013. The mechanism of injury was not specifically stated. The current diagnoses include morbid obesity, obstructive sleep apnea, hypersomnia, hypertrophy of the tonsils, restless leg syndrome, and type 2 diabetes mellitus. The injured worker presented on 08/08/2014 for a follow-up evaluation. The injured worker was utilizing ibuprofen 800 mg, metformin 500 mg, and Vicodin. The provider indicated that the injured worker's obesity started in childhood. The injured worker's weight has fluctuated between 280 to 320 pounds. The current weight was documented at 370 pounds with a body mass index of 65.5. The injured worker presented for an evaluation regarding possible bariatric surgery. The provider outlined a multidisciplinary preoperative evaluation to include dietary and psychological evaluation, as well as medical evaluation. A sleep apnea evaluation would be completed as well to determine whether a sleep study would be needed. It was noted that the injured worker was a surgical candidate for bariatric surgery, which would be scheduled as soon as the provider received an insurance authorization to proceed. Several preoperative diagnostic studies to include a cardiopulmonary stress test, EKG, and bone density scan were recommended. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Bariatric surgery.

**Decision rationale:** According to the Official Disability Guidelines, bariatric surgery is recommended in the form of a gastric bypass for weight loss surgery for type 2 diabetes. If there has been no change with diet and exercise, surgery may be recommend. In this case, there is no documentation of a trial and failure of less invasive weight loss programs or exercise prior to the request for bariatric surgery. There is no documentation of poor diabetic control. The medical necessity has not been established in this case. As such, the request is not medically necessary at this time.