

Case Number:	CM15-0056197		
Date Assigned:	04/01/2015	Date of Injury:	02/22/2010
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: 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 39-year-old male who reported an injury on 02/22/2010. The injured worker reportedly suffered a left shoulder injury when an inmate fell on top of him. The current diagnoses include lumbar sprain and strain, left shoulder sprain and strain, and left knee sprain and strain. The latest physician progress report submitted for this review is documented on 12/22/2014. The injured worker presented with complaints of low back pain and left shoulder and knee pain. Upon examination, there was tenderness with spasm, decreased lumbar range of motion, and tenderness over the left knee and shoulder. Treatment recommendations included an MRI of the lumbar spine and electrodiagnostic studies. The injured worker was also pending a re-evaluation with regard to a weight loss program. 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:

Sleeve gastrectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Obesity Surgery.

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, Sleeve gastrectomy.

Decision rationale: According to the Official Disability Guidelines d, bariatric surgery in the form of a gastric bypass is recommended for weight loss surgery for type 2 diabetic patients if there has been no change with diet and exercise. Gastric banding is not recommended. A sleeve gastrectomy is recommended as an option. In this case, there is no recent physician progress note submitted for review. It was noted that the injured worker was referred to a weight loss program in 11/2014. Documentation of the injured worker's participation, or completion, in a weight loss program was not provided. In the absence of an attempt at weight loss with diet and exercise, the request for a surgical procedure would not be supported. Given the above, the request is not medically appropriate.