MAXIMUS Federal Services

Case Number:	CM15-0084738		
Date Assigned:	05/07/2015	Date of Injury:	02/21/2012
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 26 year old female, who sustained an industrial injury on 02/21/2012. She reported fracturing her right femur and dislocated her left tibia and fibula bones after being struck by a vehicle. The injured worker's work status is currently sedentary only. The injured worker is currently diagnosed as having dislocated left knee, traumatic seroma of right thigh, left knee pain, and obesity. Treatment and diagnostics to date has included left femur and left knee surgeries, physical therapy, knee brace, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of left knee pain. Objective findings noted that the injured worker's thigh seroma is larger and mild medial joint line tenderness with a small effusion. The treating physician reported requesting authorization for gastric bypass for weight reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric Bypass for weight reduction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pgs 1-42 (Jan 2005); Annals of Royal College of Surgeons of England, Obesity & Recovery from Low Back Pain (Nov 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/143954-overview#showall.

Decision rationale: Pursuant to Medline plus, gastric bypass is for weight reduction is not medically necessary. To be a candidate for bariatric surgery, patients should have attempted, without success to lose an appropriate amount of weight and supervised diet changes. Patients must also comply with postoperative diet and exercise. Contraindications include history of substance abuse, history major psychiatric disorder and end-stage organ disease (e.g. hepatic, cardiac and pulmonary. Patients can better candidates for surgery include those with a BMI higher than 40; or BMI of 35 to 40+ and obesity associated co-morbid condition such as severe diabetes mellitus, Pickwickian syndrome, obesity cardiomyopathy, severe sleep apnea or osteoarthritis interfere with lifestyle.Treatment of obesity (non surgical) starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal and stimulus control; nonfood rewards; and relapse invention. See attached link for details. In this case, the injured worker's working diagnoses are dislocated knee; status post reconstruction medial collateral ligament; traumatic seroma right thigh; left knee pain; and obesity. Documentation indicates the date of injury was February 21, 2012. At the time of the injury, the BMI was 37. On October 30, 2012, the BMI was 35. On April 1, 2015, the BMI was 46.2. The most recent progress in the medical record is dated April 1, 2015. There is no discussion within the body of the medical record (subjective, objective or discussion) of nonsurgical treatment of obesity with comprehensive lifestyle management changes or a supervised weight loss program. The only documentation in the medical record referencing a weight related problem is a weight of 295 pounds with a height of 5'7". According to the narrow criteria with a BMI higher than 40, the injured worker is a candidate for bariatric surgery. However, there is no documentation of attempted weight loss or a supervised weight loss program. Consequently, absent guideline recommendations in the absence of an appropriate successful weight loss, supervised program, gastric bypass for weight reduction is not medically necessary.