MAXIMUS Federal Services

Case Number:	CM15-0086829		
Date Assigned:	05/11/2015	Date of Injury:	05/28/2014
Decision Date:	06/23/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona
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 49 year old male who sustained a work related injury May 28, 2014. According to a doctor's first report of work injury dated January 15, 2015, the injured worker was kneeling on his right knee with the left knee bent, pulling a hose and pushed up developing knife like pain to the left knee. An MRI revealed a torn meniscus to the left knee. The right ankle was also hurt with tripping, then the left knee gave out, with pain to the right ankle. According to a primary treating physician's progress report, dated March 31, 2015, the injured worker presented for follow-up of the left knee. The physician documents the injured worker has lost three and a half pounds but still not below 400, maybe 425. There is medial and lateral joint line tenderness, positive McMurray's and crepitus. Diagnosis is documented as torn left medial meniscus. Treatment plan includes a request for weight loss surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient weight loss surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-bariatric surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS is silent regarding weight loss. In 1991, the NIH provided a consensus statement for patient selection for bariatric surgery. Patients were considered candidates if they met one of the following criteria: BMI > 40, BMI of 25-40 plus one of the following obesity-associated comorbidities: (1) severe diabetes mellitus, (2) pickwickian syndrome, (3) obesity-related cardiomyopathy, (4) severe sleep apnea, or (5) osteoarthritis interfering with lifestyle. To be candidates for bariatric surgery, patients should have attempted, without success, to lose an appropriate amount of weight through supervised diet changes. Bariatric surgery is only a tool for weight loss. Patients who are not committed to making long-term lifestyle changes are not ideal candidates for this procedure. (emedicine.medscape.com/ article/143954) The Medical Disability Advisor notes five medically accepted treatment modalities for weight loss: diet modification, exercise, behavioral modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals.

Decision rationale: This morbidly obese male (height never reported in chart) with a BMI > 40 will likely gain benefits from weight loss surgery. Although I do not see anything in his chart reporting attempted weight loss by dietary modifications, he has sustained a knee injury and is therefore unable to exercise to lose weight. He will be able to undergo meniscus repair much more successfully with significant weight loss and will then hopefully be able to return to work as well. However, this injury was reported to have occurred in January and he has only attempted weight loss over a few months at best. One note even stated that there was no attempt at weight loss. He will ultimately need to make long-term lifestyle changes to be a candidate for this procedure and for this procedure to be successful. I would therefore recommend an extensive preoperative weight loss evaluation with dietary counseling, psychiatric evaluation, etc. to ensure his long term success with weight loss. Therefore, the requested treatment is medically necessary.