

Case Number:	CM14-0112321		
Date Assigned:	09/22/2014	Date of Injury:	11/30/2009
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female who reported an injury on 11/30/2009. Her shoe reportedly got caught in a hole as she was walking and she fell forward. On 08/28/2014, the injured worker presented with pain in the shoulder, knee, back, and ankle. Medications included Norco, Soma, and Ambien. Past surgery history included gallbladder surgery, hysterectomy, and shoulder repair. The injured worker weighs 314 pounds, is 5 feet and 2 inches tall. Examination of the lumbar spine noted bilateral spasm in the latissimus dorsi. The injured worker is extremely stiff and must turn side to side to see anything further than 10 degrees rotation. There was a positive leg lift at bedside, and weakness bilaterally to the abductor hallucis longus and foot flexors. There was a positive bilateral McMurry's test. The diagnoses were right knee internal disruption, left knee internal disruption, right shoulder internal disruption, probable rotator cuff tear, probable SLAP tear, lumbar spine pain and disease with probable discogenic basis and morbid obesity. The provider recommended gastric bypass surgery. The provider noted that the injured worker needed to close to 150 to 160 pounds and needed to be addressed with bariatric surgery or a weight reduction program over 6 months to a year. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric Bypass Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

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

Decision rationale: The request for gastric bypass surgery is not medically necessary. The Official Disability Guidelines state that gastric bypass surgery is recommended if a change in diet or exercise does not yield adequate results. There was a lack of documentation that the injured worker had tried and failed independent home exercise and diet modifications to warrant a gastric bypass surgery. As such, medical necessity has not been established.