

<b>Case Number:</b>	CM14-0117580		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Family Medicine and is licensed to practice in California. 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 59 year old female who initially presented with neck, bilateral shoulder, and bilateral wrist pain on 06/05/2008. Utilization review dated 07/11/14 resulted in denial for surgical consultation with weight loss specialist. No clear indication had been submitted supporting previous attempts of self-management for diet modification or exercise. Clinical note dated 07/03/14 indicated the patient complaining of 6-8/10 pain at the shoulders, wrists, and neck. The patient was awaiting authorization of a weight loss program in order to proceed with bariatric surgery. The patient was 5'4" tall and weighed 230 pounds. The patient utilized a wheeled-seated-walker. A clinical note dated 04/28/14 indicated the patient showing strength deficits at the wrist extensors bilaterally. No other functional deficits were identified in the extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**General surgical consultation with weight loss specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary last updated 06/10/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 503

**Decision rationale:** The request for general surgical consultation for weight loss specialist is non-certified. The patient complained of pain at several sites. The patient has body mass index of 39.5. However, no information was submitted regarding previous attempts at more conservative treatments prior to undergoing surgical intervention for weight loss or attempts of diet control or involvement with therapeutic exercises designed for weight loss. Given this, the request is not indicated as medically necessary.