

Case Number:	CM14-0125324		
Date Assigned:	08/11/2014	Date of Injury:	06/30/2009
Decision Date:	11/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 63-year old female who sustained an injury on 06/30/2009. Prior medication history included atenolol, B complex, Fenofibrate, Gabapentin, Lisinopril, tramadol, and Warfarin. There are no diagnostic studies available for review. Progress report dated 06/11/2014 states the patient presented for consideration of weight loss surgery. She has a BMI of 47 and her weight readings included: 06/11/2014-1.702 m (5'7") and 11/06/2013 1.702 m (5'7"). Her ideal body weight is 170 and excess body weight is 135. She is requesting more information regarding bariatric weight loss surgery. On exam, leg is positive for swelling and negative for chest pain and palpitations. She does admit heartburn but negative for nausea, vomiting abdominal pain or diarrhea. She has myalgias and joint pain, weakness and headaches. The recommendation is for the patient to receive pre-operative informational seminary and attend support group meetings. Ortho note dated 06/30/2014 indicates the patient presented with neck pain rated as 8/10 and she complains of low back pain radiating into the buttocks with numbness and tingling in the feet rated as 8/10. Objective findings on exam revealed tenderness to palpation over the right greater than left paracervical muscles. There is tenderness to palpation over the right greater than left trapezius musculature and interscapular space. Her sensation is decreased over the right C4-8 dermatome distribution. Range of motion of the cervical spine revealed flexion to 45; extension to 25; lateral bending to 25 bilaterally; left rotation to 55 and right rotation to 45. Her knee examination revealed flexion to 90 bilaterally and extension to 0 bilaterally. She has tenderness over the medial joint line and patellar compression test causes mild discomfort. The knee is stable to 0 and 30 degree abduction and adduction stress, anterior Drawer sign is stable in neutral and internal rotation. She is diagnosed with bilateral lumbar radiculopathy, degenerative disk disease at C4-C6; cervical myelopathy; obesity, history of DVT due to immobility. Prior utilization review dated 07/09/2014 states the

request for Pre-OP Informational Seminar is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-OP Informational Seminar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general Other Medical Treatment Guideline or Medical Evidence: [http://www.seminarscolonrectalsurgery.com/article/S1043-1489\(10\)00040-0/abstract](http://www.seminarscolonrectalsurgery.com/article/S1043-1489(10)00040-0/abstract)

Decision rationale: According to the records, the patient has been certified to undergo bariatric gastric sleeve surgery. Preoperative medical clearance was also certified. According to the referenced medical literature, the primary goal of fast track protocols is to enhance postoperative recovery by decreasing morbidity, mortality, length of stay, and return to full function. An important component of limiting postoperative morbidity and mortality is evaluating and assessing preoperative risk. The underlying medical conditions of patients as well as their functional status form a big component of preoperative risk, which in turn is a determinant of postoperative outcomes. The preoperative history and physical examination form the backbone of preoperative risk assessment. This will direct which further tests are necessary to complete the preoperative evaluation. The accurate evaluation and assessment of preoperative risk will ensure that patients are optimized before surgery to decrease the incidence of postoperative morbidity and mortality, and thereby enhance recovery. According to the Official Disability Guidelines, preoperative measures are often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative evaluation should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient requested additional information about the bariatric surgery. This information can be provided by her physician/surgeon, and additional information is easily found on-line by guided search. According to the guidelines, reasonable and acceptable clearance and information regarding the surgical procedure can be undertaken by the surgeon/treating physician. Therefore, the Pre-OP Informational Seminar is not medically necessary.