

<b>Case Number:</b>	CM14-0141013		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Surgery and is licensed to practice in Tennessee. 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 51 year old female injured on November 3, 1998 due to a trip and fall. Clinical note by a Qualified Medical Evaluator, dated July 11, 2014, indicates the injured worker is reporting intolerable bilateral knee pain. The injured worker was told knees required surgery but surgery was denied by an orthopedist. Shoulder discomfort is increasing and is not responding to therapy. Physical exam reveals bilateral marked knee arthritic deformity, joint effusion, and diffuse joint tenderness with crepitus on movement. There is severe bilateral shoulder tenderness, restricted movement, and positive impingement. Arthritic deformity, tenderness, and crepitus are increasing in bilateral knees. The injured worker is 265 pounds, 5 feet, 3 inches tall, body mass index (BMI) 46.5. The injured worker has been diagnosed with morbid obesity, along with hypertension, bilateral shoulder internal derangement, bilateral rotator cuff tears, adhesive capsulitis, post traumatic stress disorder, urinary urge incontinence/neurogenic bladder, bilateral knee derangement with end stage degenerative disease, status post spinal cord stimulator implant for left lower extremity complex regional pain syndrome, major depression, and severe gastritis. Arthritic deformity, tenderness, and crepitus are increasing in bilateral knees. Soft tissue ultrasound evaluation of the shoulder revealed partial to full-thickness supraspinatus rotator cuff tears bilaterally, bicep tenosynovitis bilaterally, and labral injury to the left shoulder. Arthritic deformity, tenderness, and crepitus are increasing in bilateral knees. Medications include Abilify, Seroquel, Neurontin, Bystolic, and Norco. The injured worker has failed weight loss programs and received temporary benefit from a weight management clinic. The prior utilization review, dated August 5, 2014, denied the request for bariatric surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete the bariatric surgical procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Anthem Medical Policy SURG.00024 Surgery for Clinically Severe Obesity:  
([http://www.anthem.com/ca/medicalpolicies/policies/mp\\_pw\\_a053317.htm](http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a053317.htm))

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Med Internet Res. 2014 Feb 19;16(2):e58. doi: 10.2196/jmir.2857. Self-directed interventions to promote weight loss: a systematic review of reviews. Tang J1, Abraham C, Greaves C, Yates T Bariatric operations for management of obesity: Indications and preoperative preparation: Preoperative assessment

**Decision rationale:** After a thorough review of the medical records, there is no evidence that the injured worker is ready for completion of bariatric surgery as requested. The available medical record indicates physician recommendation for bariatric consultation but there is no documentation to suggest the consultation took place. Further, the record indicates the patient is under psychiatric care and requires release from the treating psychiatrist for the requested surgery. The progress noted dated July 11, 2014 by treating orthopedist confirms the preoperative process for the bariatric surgery had been suspended. Bariatric surgery should be performed in conjunction with a comprehensive preoperative assessment and a follow-up plan consisting of nutritional, behavioral, and medical programs. A multidisciplinary team that includes a nutritionist, medical bariatric specialist, psychologist/psychiatrist, nurse specialist, and a skilled surgeon, offers well-rounded assessments and support for the obese patient considering a bariatric surgical procedure. Utilizing the information given, medical necessity for weight reduction surgery has not been established.