

<b>Case Number:</b>	CM14-0213319		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/07/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old male who got injured on 4/7/2000. The mechanism of injury is not described in the medical records that are available to me. He is being managed for his back and knees. On 2/13/2014 he had right knee patello-femoral ligament reconstruction, patella-femoral realignment, and lateral retinacular release partial synovectomy. On 11/12/2014 he was seen for follow up, it was noted that he'd had right knee arthroplasty with dislocation of the patella and the medial patella-femoral ligament. It was also noted that he had severe degenerative joint disease of the knee and weighed 371 lbs. He was going to need left total knee arthroplasty but it was recommended that he successfully achieve weight loss before proceeding with the knee arthroplasty which will have to be stemmed implants due to weight and to improve the outcome of his knee surgery, the request for bariatric surgery consult was denied, however the request for weight loss reduction program was approved. The request is for Bariatric Surgery Consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bariatric Surgery Consult:** 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) Diabetes, bariatric surgery. Other Medical Treatment Guideline or Medical Evidence: National Guideline Clearing house, prevention and management of obesity for adults, Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institut

**Decision rationale:** The MTUS does not address the issue of bariatric surgery, therefore other guidelines were consulted. Per the ODG bariatric surgery is recommended for people with diabetes but there was no discussion on the relationship of weight loss and bariatric surgery to knee surgery outcome. Criteria for Bariatric surgery included BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes. Not achieving recommended treatment targets with medical therapies for a cumulative total of 12 months or longer in duration, documented in the medical record, including Diet and exercise, Physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification), OR Consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional. Per the NGC Bariatric surgery should be considered as an adjunct to the overall treatment paradigm, rather than as a separate and independent therapy for obesity. The management of obesity is multifaceted and should be begun with conservative management which include pharmacotherapy before bariatric surgery is considered. A review of the injured workers medical records did not reveal an unsuccessful supervised medical weight loss regimen of sufficient duration to warrant surgical intervention, therefore the request for bariatric surgery consult is not medically necessary at this time.