

<b>Case Number:</b>	CM14-0216088		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 11/30/09. She reported pain in the left ankle, right leg, right knee, right shoulder, and back. The injured worker was diagnosed as having bilateral 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. Treatment to date has included a HELP program and medications. Due to the injured workers obesity surgical repair was noted to not be an option. A physician's report dated 12/2/14 noted the injured worker was 5'2" and 310 pounds. Currently, the injured worker complains of pain in the shoulder, knee, back, and ankle. The treating physician requested authorization for bariatric surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bariatric Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, [http://www.aetna.com/cpb/medical/data/100\\_199/0157.html](http://www.aetna.com/cpb/medical/data/100_199/0157.html).

**Decision rationale:** The patient presents with right knee, right shoulder and back pain. The request is for Bariatric surgery. The 12/2/14 attending physician report indicates the patient is morbidly obese. The report indicates that surgery is indicated but not recommended due to her obesity. The records do not clearly indicate which surgery is recommended, and why obesity would have a detrimental effect. MTUS, ODG and ACOEM are silent regarding bariatric surgery. AETNA guidelines requires BMI greater than 40, previously attempted physician supervised nutrition and exercise program along with other criteria. AETNA guidelines were based on criteria that were adapted from the NIH Consensus Conference on Surgical Treatment of Morbid Obesity (1998) which state that obesity surgery should be reserved only for patients who have first attempted medical therapy: "Weight loss surgery should be reserved for patients in whom efforts at medical therapy have failed and who are suffering from the complications of extreme obesity." The attending physician states that the patient must lose 170 pounds, and that this would require 6 months to a year on [REDACTED] or with bariatric surgery consult. He states that the weight loss is needed prior to having surgery which the attending physician feels she needs. In this case, the medical reports do not include attempted efforts at medical therapy and no BMI is provided. There is no discussion as to why bariatric surgery is a better option for this patient than a medical weight loss program. The request is not medically necessary at this time.