

Case Number:	CM15-0019603		
Date Assigned:	02/09/2015	Date of Injury:	01/12/1996
Decision Date:	05/18/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 01/12/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having morbid obesity, depression, hypertension, back pain, and Beryllium exposure. Treatment to date has included computed tomography of the chest, medication regimen, and pulmonary function testing. In a progress note dated 01/09/2015 the treating physician reports progressive breathing difficulty with an assessment of a normal respiratory effort and lung fields that are diminished with mild crackles. The documentation provided did not include a request of a consultation for pre-operative weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request consult for Pre-op weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does have the diagnosis of morbid obesity. However, the clinical documentation provided for review fails to demonstrate a clear rationale on why this consult would be necessary as well as what other treatment/therapies have been tried and failed prior to the consult and thus necessitating the consult. With the lack of this information, the request is not medically necessary.