

Case Number:	CM15-0110770		
Date Assigned:	06/17/2015	Date of Injury:	04/06/2010
Decision Date:	08/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona

Certification(s)/Specialty: Surgery

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 female, who sustained an industrial injury on April 6, 2010 at which time she apparently weighted 222 lbs (BMI 41.8). She reported left knee, left hand, left wrist and left shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, joint pain of the left knee, derangement of the medial meniscus of the left knee status post- surgical intervention and abnormal gait. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the left knee, acupuncture, a seated, wheeled walker, medications, an h-wave device and work restrictions. Currently, the injured worker complains of left knee, left hand, left wrist and left shoulder pain with associated weight gain and right knee pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported successfully losing 58 pounds before the injury in which she had regained some of. She reported requiring a seated, wheeled walker for ambulation, an antalgic gait and only 50% pain reduction with combined therapies and medications. It was noted she used a continuous positive airway pressure machine at night and was noted to have continued knee pain. Evaluation on February 12, 2015, revealed continued complaints. It was noted she had success with diet for weight loss in the past. Bariatric surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Guidelines, Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASMBS Position Statement on Preoperative Supervised Weight Loss Requirements. Surgery for Obesity and Related Diseases 7 (2011) 257-260. Bariatric Surgery: Risks and Rewards. J Clin Endocrinol Metab. 2008 Nov; 93 (11 Suppl 1): S89- S96.

Decision rationale: This 54-year-old female has sustained injury to the knee and since that time has gained approximately 80 lbs due to immobility and inability to exercise. She was morbidly obese at the time of her injury with a BMI 41.8. She now has a BMI of 57.1. There have been notes suggesting that she see a nutritionist, but I have no record that this was ever done. There has been mention in the notes that the patient was educated regarding the importance of diet and exercise and weight loss and the notes continue to state "continue weight loss program". However, there is nothing documented as to what the patient has tried or is trying. No class I studies or evidence-based reports has documented the benefits of, or the need for, a 6-12-month preoperative dietary weight loss program before bariatric surgery. The current evidence supporting preoperative weight loss involves physician-mandated weight loss to improve surgical risk or to evaluate patient adherence. Although many believe benefits could result from acute preoperative weight loss in the weeks before bariatric surgery, the available class II-IV data regarding acute weight loss before bariatric surgery are indeterminate and provide conflicting results, leading to no clear consensus at this time. Bariatric surgery candidates should have attempted to lose weight by non-operative means, including self-directed dieting, nutritional counseling, and commercial and hospital-based weight loss programs, but should not be required to have completed formal non-operative obesity therapy as a precondition for the operation. Most physicians, surgeons, and carriers consider patients eligible for bariatric surgery if their BMI is at least 40 or if their BMI of at least 35 is accompanied by such comorbidities as diabetes, hypertension, arthritis limiting daily function, and cardiopulmonary failure. Severe obesity affects virtually every system of the body with a broad expression of serious diseases, including pseudotumor cerebri, hypertension, diabetes, renal failure, immune-incompetence, asthma, gastroesophageal reflux disease, chronic obstructive pulmonary disease, cardiac failure, atherosclerosis, Pickwickian syndrome, arthritis of the weight bearing joints, infertility, skin breakdown, and an increased prevalence of cancers, especially colon, prostate, breast, and ovary. All of these illnesses respond favorably to bariatric surgery, often with total and permanent remission. It is not unusual for patients who are restricted to wheelchairs before surgery to return to the surgeon 3 months later walking, often without even a cane. The prior utilization review is overturned and the bariatric surgery in this morbidly obese patient is found to be medically necessary. It does appear that she has been counseled on diet and weight loss and due to her knee pain and activity being restricted by her pain; she is unable to exercise and is unable to effectively lose weight to help her knee pain. Bariatric surgery in this patient will hopefully help her knee pain and degenerative joint disease, her sleep apnea, as well as her hypertension.