

<b>Case Number:</b>	CM15-0146890		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 53 year old female who sustained an industrial injury on 8-19-2010. She was pushing a patient down a hill when she stepped in a hole and her right ankle twisted and felt right knee pain immediately. Diagnosis include varus deformity, status post left knee arthroplasty, and osteoarthritis right knee. Treatment has included medications and physical therapy. The injured worker used an assistive device for ambulation. The right knee was limited and painful with giving way. The treatment plan included the lap band procedure. The treatment request included lap band procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lap band procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mechanick J, et al. American Association of Clinic Endocrinologists, The Obesity Society.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lap Band Surgery.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of lap band surgery for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), lap band therapy is: "Not recommended. Recommend gastric bypass weight-loss surgery, not lap band surgery." This patient has chronic knee pain that has been evaluated and recommended to receive weight loss. Per ODG, weight loss using the lap band is not recommended for the treatment of chronic pain. Therefore, based on the submitted medical documentation, the request for lap band surgery is not-medically necessary.