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| Case Number: | CM15-0179948 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 03/03/2014 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 59 year old female, who sustained an industrial injury on March 3, 2014, incurring left knee injuries. The injured worker had a history of obesity. She was diagnosed with left knee chondromalacia and compartment osteoarthritis. She underwent a partial medial meniscectomy in July, 2014. Treatment included physical therapy, anti-inflammatory drugs, and ice, rest and activity restrictions. Other treatment included diagnostic imaging revealing medial compartment narrowing bilaterally with sclerosis in the medial compartment. Currently, the injured worker complained of persistent aching pain and discomfort of the left knee. The left knee pain increased with prolonged periods of standing, walking ascending and descending stairs twisting and lifting heavy objects. She noted buckling and instability with the injured left knee. She had pain at rest. She was recognized to be a candidate for a total left knee arthroplasty. The injured worker was diagnosed with morbid obesity contributing to the increased bilateral knee pain and disability. The treatment plan that was requested for authorization on September 14, 2015, included bariatric surgery. On August 21, 2015, the request for bariatric surgery was non-certified.

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 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, Roux-en-Y Gastric Bypass.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of bariatric surgery for this patient. The clinical records submitted do not support the fact that this patient had evidence of compliance with a medically supervised, non-surgical weight reduction plan. Failure of pharmacologic therapy to lose weight in a medically supervised manner has also not been documented. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of bariatric surgery. According to ODG Guidelines and the NIH Consensus Statement on Gastrointestinal Surgery for Severe Obesity, the documentation of pharmacologic and physician supervised weight loss should be made to prove that appropriate non-surgical interventions have been exhausted. Although the medical records support that this patient is obese (BMI 50) and has chronic knee pain, the exhaustion of non-surgical weight loss intervention has not been documented. Likewise, documentation of a formal psychological evaluation to demonstrate that the patient is a sound candidate for bariatric surgery & is able to adhere to post surgical behavior management requirements has not been completed. Therefore, based on the submitted medical documentation, the request for bariatric surgery is not medically necessary.