

<b>Case Number:</b>	CM15-0040382		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas

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 reported injury on 07/21/2009. The mechanism of injury was a trip and fall. The documentation indicated the injured worker has a BMI of 57 and was recommended to have an aggressive weight loss program with [REDACTED] or [REDACTED] to reduce her BMI prior to surgical intervention for the left knee. The diagnoses included left shoulder pain, diabetes, morbid obesity, left knee degenerative arthritis, left knee medial meniscal tear, chronic knee pain, and status post left knee arthroscopy. Prior therapies included physical therapy, acupuncture, oral medication, and work modification. The documentation of 01/07/2015 revealed the injured worker was being seen for her left knee. The injured worker indicated her left knee was getting worse. The pain in the left knee came and went. The injured worker was going to pain management and did one home exercise that she learned from physical therapy. The medications included Tylenol with codeine. The documentation indicated the weight loss program was not approved by the insurance company. The injured worker's height was 5 feet 6 inches, weight 323 pounds, and BMI was 52.1. The examination was unchanged for severe degenerative arthritis. The documentation indicated the injured worker would require a total knee replacement. The treatment plan included waiting for the weight loss program. The injured worker underwent an MRI of the left knee without contrast on 02/17/2014, which revealed moderate chondromalacia within the medial and patellofemoral compartments, with associated marginal osteophyte formation. There was mild truncated appearance to the medial meniscus, which may be related to prior partial medial meniscectomy with mild fraying along the inferior surface of the body. There was no discrete tear. There was a small joint effusion.

The original date of request, per the submitted documentation, was noted to be 12/19/2014. The physician documentation was not provided for the requested date of service.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gastric bypass surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Gastric Bypass, Bariatric surgery.

**Decision rationale:** The Official Disability Guidelines indicate that gastric bypass weight loss surgery is recommended for type 2 diabetics if a change in diet and exercise did not yield adequate results. The clinical documentation submitted for review indicated the injured worker had diabetes. However, it was not distinguished whether the diabetes was type 1 or type 2. There was a lack of documentation indicating the injured worker had attempted a change in diet and exercise. The documentation indicated the request was made for the injured worker to lose weight so that she could have a knee replacement. Given the above and the lack of documentation, the request for gastric bypass surgery is not medically necessary.

**Psychiatric evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 224-226, 398, Chronic Pain Treatment Guidelines psychological evaluations, Official Disability Guidelines (ODG), pain chapter, mental stress chapter Page(s): 100-101, 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review failed to provide documented evidence of depression, anxiety, or irritability. There was no submitted rationale for the requested psychiatric evaluation. Given the above, the request for psychiatric evaluation is not medically necessary.

**Internal medicine consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), pain chapter, mental stress chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review failed to provide a documented rationale for the internal medicine consultation that was requested. Given the above, the request for internal medicine consult is not medically necessary.