

Case Number:	CM15-0046888		
Date Assigned:	03/19/2015	Date of Injury:	12/01/2011
Decision Date:	05/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 27-year-old female who reported an injury on 12/01/2011. The mechanism of injury was not provided. Her diagnoses include morbid obesity. Past treatments were noted to include prior surgical procedures to the injured workers foot/ankle and associated treatments with those surgeries. On 01/22/2015, it was noted the injured worker sought consultation for weight loss surgery. It was noted the injured workers weight measured 336 pounds and she stood 5 feet 9 inches tall. It was noted her ideal weight, per the Metropolitan Height and Weight Standard, is 150 pounds. On this note, it was indicated that the injured worker has participated in several weight loss activities and made multiple, credible attempts to achieve a lasting weight loss, including diet shots and exercise programs. On 02/23/2015, it was noted the injured worker weight 335 pounds. Upon physical examination, it was noted the injured worker had normal range of motion to her hip, knee, and ankle. Current medications were not included in the report. The treatment plan was noted to include weight control. The request was received for laparoscopic gastric bypass with assistant surgeon and preoperative labs without a rationale. A Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laparoscopic Gastric Bypass with Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of American Gastrointestinal Endoscopic Surgeons and the American Society of Bariatric Surgeons-Sages Guidelines for Laparoscopic and Conventional Surgical Treatment of Morbid Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical assistant; website: <http://www.mdguidelines.com/gastric-bypass>.

Decision rationale: According to MD Guidelines, gastric bypass surgery is recommended for severely obese patients who have not had success with other programs for weight loss. The clinical documentation submitted for review indicated the injured worker had received diet shots and participated in exercise programs. However, there was a lack of detailed documentation regarding such programs and nutritional counseling. Consequently, the request is not supported. Therefore, the requested assistant surgeon is not necessary. As such, the request for Laparoscopic gastric bypass with assistant surgeon is not medically necessary.

Pre-Operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.