

Case Number:	CM15-0068905		
Date Assigned:	04/16/2015	Date of Injury:	10/16/2008
Decision Date:	06/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 52-year-old female who reported an injury on 10/16/2008. The mechanism of injury was not specifically stated. The current diagnoses include musculoligamentous strain of the lumbar spine, right knee severe osteoarthritis, left knee severe osteoarthritis, status post right total knee replacement, and obesity. The injured worker presented on 03/16/2015 for a follow-up evaluation regarding the low back and the bilateral knees. The injured worker reported severe pain, swelling, and grinding of the left knee. The injured worker also reported significant weight gain since the initial injury. The injured worker utilized crutches for ambulation assistance. The provider indicated the injured worker preferred a weight loss program as opposed to surgical weight loss. Upon examination of the lumbar spine, there was paravertebral muscle spasm, tenderness to palpation, pain with range of motion, limited extension to 20 degrees, and limited right and left lateral bending to 20 degrees. Examination of the bilateral knees revealed well healed surgical incision sites, moderate effusion on the left, tenderness to palpation over the medial and lateral joint line, limited range of motion, and 4/5 motor weakness. Treatment recommendations included a weight loss program, a scooter, a new shower chair, and continuation of the home exercise program and medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric Sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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, Bariatric surgery.

Decision rationale: According to the Official Disability Guidelines, a gastric bypass is recommended for weight loss surgery for patients with type II diabetes. If a change in diet or exercise do not yield adequate results, surgical intervention may be considered. In this case, it was noted that the injured worker preferred a weight loss program rather than surgical weight loss. There was no indication that this injured worker had tried and failed weight loss with diet and exercise. Given the above, the current request cannot be determined as medically necessary in this case.