

Case Number:	CM15-0073955		
Date Assigned:	04/24/2015	Date of Injury:	10/01/2012
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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 male who reported an injury on 10/01/2012. The mechanism of injury involved a fall. The current diagnoses include bilateral end stage knee arthritis, contusion of the right knee, status post right knee surgery, status post left knee surgery, right shoulder pain, diabetes and high blood pressure. The latest physician progress report submitted for this review is documented on 08/21/2014. The injured worker presented for a follow-up evaluation with complaints of persistent bilateral knee pain, as well as right shoulder pain. The physician indicated, at a prior visit a request for an internal medicine consultation to stabilize diabetes and high blood pressure was made. The injured worker had been participating in a home exercise program, as well as a home weight loss program. The injured worker had dropped from 360 pounds to 314 pounds and had reached a plateau. The physical examination revealed a height of 5 feet 8 inches and a weight of 315 pounds. The current medication regimen includes metformin, Vytarin, Celebrex, Norco and Voltaren. There was no further comprehensive physical examination provided. Treatment recommendations included continuation of the home exercise and home weight loss programs, as well as a continuation of the current medication regimen. An internal medicine consultation for diabetes and hypertension was also recommended. 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:

Surgical weight loss 50lbs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of obesity.

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: The Official Disability Guidelines recommend bariatric surgery for patients with type II diabetes if a change in diet and exercise has not yielded adequate results. The specific type of weight loss procedure was not listed in this request. In addition, there is no documentation of a failure to respond to conventional measures, such as a reduced calorie diet, along with an exercise program for promotion of weight loss. Given the above, the request is not medically necessary at this time.