

Case Number:	CM15-0074528		
Date Assigned:	04/24/2015	Date of Injury:	08/19/2003
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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 69-year-old female who reported an injury on 08/19/2003. The injured worker was certified for gastric bypass surgery from the dates of 03/24/2015 to 06/24/2015. The mechanism of injury was not provided. The diagnoses included chronic back pain, hypertension, diabetes mellitus, gastroesophageal reflux, and multiple arthropathies. Prior therapy included injections, [REDACTED], [REDACTED], exercise programs, [REDACTED], and other self-imposed regimes to control weight without success. The injured worker's body mass index was 46.5. The documentation of 02/25/2015 revealed the injured worker was morbidly obese and ambulating independently with an antalgic gait. The medications included hydrocodone, Cymbalta, and Lyrica. The recommendation was for a gastric sleeve surgery for weight reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-patient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes chapter - Hospital length of stay (LOS).

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, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines indicate that lap gastric bypass surgery hospitalization is appropriate for up to 2 days. This request would be supported for 2 days as the injured worker was noted to be certified for surgical intervention. The request as submitted failed to indicate the quantity of days being requested. Given the above and the lack of documentation indicating the quantity of days being requested, the request for inpatient hospital stay is not medically necessary.