MAXIMUS Federal Services

Case Number:	CM15-0074920		
Date Assigned:	04/27/2015	Date of Injury:	03/19/2012
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
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: California
Certification(s)/Specialty: Internal Medicine

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 59 year old female, who sustained an industrial injury on March 19, 2012. She has reported shoulder pain, knee pain, back pain, leg pain, and hand pain. Diagnoses have included sacroiliac strain/sprain, lumbar spine disc protrusion with radiculitis, cervical spine disc protrusion, internal derangement of the knees, bilateral shoulder tendinitis, bilateral rotator cuff syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included medications, home exercise, physical therapy, trigger point injections, lumbar spine epidural steroid injection, right shoulder surgery, imaging studies, and diagnostic testing. A progress note dated March 17, 2015 indicates a chief complaint of left shoulder pain, right knee pain, numbness and tingling of the hands, and lower back pain radiating to the left leg with associated numbness and tingling. The treating physician requested authorizations for referral to a bariatric surgeon for weight loss surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Bariatric Surgeon for weight loss surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Second Edition (2004), Chapter 7, page 127 - Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. Referral to bariatric surgeon for weight loss surgery was requested 3/5/15. The orthopedic follow-up evaluation report dated 3/7/15 documented shoulder complaints and carpal tunnel syndrome. Weight was 222 pounds. Height was 61 inches. Blood pressure was 100/78. The treatment recommendation was to perform left shoulder arthroscopy. No discussion of weight loss was documented. No rationale for bariatric surgery was documented. There was no mention of bariatric surgery in the 3/7/15 progress report. Therefore, the request for bariatric surgeon referral is not supported. Therefore, the request for bariatric surgeon referral is not medically necessary.