

Case Number:	CM15-0092773		
Date Assigned:	05/19/2015	Date of Injury:	11/15/2008
Decision Date:	07/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona

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 was a 30 year old female, who sustained an industrial injury, November 15, 2008. The injured worker previously received the following treatments Norco, NSAIDS, psychological services, lumbar spine MRI, home exercise program and diet programs. The injured worker was diagnosed with morbid obesity with body mass index of 45, comorbidities of hypertension, diabetes mellitus, hypertension, back pain, morbid obesity, and polycystic ovarian syndrome, status post anterior and posterior lumbar fusion of L4-S1. According to progress note of April 21, 2015, the injured workers chief complaint was right ankle and foot region. The injured worker rated the pain at 5 out of 10. The injured worker complains of lower back pain, with pain and numbness radiating into her right lower extremity down to her right foot. The physical exam noted tenderness over the dorsum of the right foot across the metatarsal bases. The passive movement of the right foot caused pain across the metatarsals. The injured worker walks with a slight antalgia favoring the right lower extremity. The injured worker was able to heel and toe walk without difficulty. There was decrease range of motion of the right ankle. She then underwent gastric bypass surgery 4/27/2015. The treatment plan included EKG, chest x-ray, CMP (comprehensive metabolic panel), BMP basic metabolic panel, lipid panel, CBC (complete blood count) with differential, PTT (partial thrombin time), PT (prothrombin time), calcium ionized, C-reactive protein high sensitivity, hemoglobin A1C, iron level, iron binding capacity, magnesium level, phosphorous, TSH, vitamin B12 and vitamin B1, Vitamin D (25 hydroxy), urinalysis complete and insulin fasting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Inpatient hospital stay (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society for Metabolic and Bariatric Surgery. Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient. March, 2013. Am Surg. 2008 Dec;74(12):1206-10. 23-hour stay outcomes for laparoscopic Roux-en-Y gastric bypass in a small, teaching community hospital. Fares LG 2nd1, Reeder RC, Bock J, Batezel V.

Decision rationale: The MTUS does not address duration of hospital stay after surgery. There are multiple journal articles which address this topic. The Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient, cited above, note that at least 24 hours of telemetry monitoring may be required after surgery for patients at high risk of heart attack. The journal article listed above notes a typical hospital stay of 3 days after gastric bypass, with a stay of as little as 23 hours found to be sufficient for some patients. The treating physician has not provided any details regarding the requested hospital stay, and has not listed any duration for the stay. As such, this request might refer to a very extended hospital stay which is not medically necessary. In order to find this request medically necessary the treating physician would need to provide the duration of the requested hospital stay. As it is currently requested, an unspecified hospital stay is not medically necessary.

Associated surgical service: EKG, CXR, CMP, BMP, Lipid Panel, CBC with differential, PT with INR, PTT, calcium ionized, C-reactive protein high sensitivity, hemoglobin A1c, Iron level, Iron binding capacity, magnesium level, phosphorous, TSH, vitamin B12 and Vitamin B1, Vitamin D (25 hydroxy), Urina: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society for Metabolic and Bariatric Surgery. Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient. March, 2013.

Decision rationale: The MTUS does not address pre-operative evaluations for bariatric surgery. The cited guideline above recommends an extensive panel of tests prior to surgery. The requested tests are consistent with the recommendations of this guideline and are therefore medically necessary. The guideline recommends such tests as fasting blood glucose, lipid panel,

kidney function, liver profile, lipid profile, urine analysis, prothrombintime/INR, blood type, CBC, Nutrient screening with iron studies, B12 and folic acid, 25-vitaminD, vitamins A and E, sleep apnea screening, ECG, CXR, echocardiography, H pylori screening in high-prevalence areas, gallbladder evaluation and upper endoscopy, and Endocrine evaluation (A1c with suspected or diagnosed prediabetes or diabetes, TSH with symptoms or increased risk of thyroid disease; androgens, PCOS evaluation (total/bioavailable testosterone, DHEAS, D4-androstenedione). The Utilization Review is overturned, as the Utilization Review did not provide a specific guideline for this kind of surgery. A specific guideline was available and was used for this Independent Medical Review.