



Tisch Hospital
Rusk Institute of Rehabilitation Medicine

Dictated by: John Siebert, M.D.
Specialty: Plastic Surgery
Patient Name: Michael Fertitta

OPERATION SUMMARY

DATE OF OPERATION: September 23, 2004.

PREOPERATIVE DIAGNOSES

1. History of extensive weight loss (greater than 180 pounds).
2. Redundant skin and subcutaneous tissue of entire trunk.
3. Excess skin and subcutaneous tissue bilateral medial thighs.
4. Extensive skin excess of bilateral chest and infra-axillary regions.

POSTOPERATIVE DIAGNOSES

1. History of extensive weight loss (greater than 180 pounds).
2. Redundant skin and subcutaneous tissue of entire trunk.
3. Excess skin and subcutaneous tissue bilateral medial thighs.
4. Extensive skin excess of bilateral chest and infra-axillary regions.

OPERATION:

1. Extensive circumferential lower body lift.
2. Bilateral medial thigh lift.
3. Bilateral chest wall re-suspensions with infra-axillary skin excision and obliteration of infra-mammary fold.

SURGEON: John Siebert, M.D.

ASSISTANT:

TYPE OF ANESTHESIA:

INDICATIONS: A 36-year-old gentleman presented at the office following over 180 pounds weight loss due to diet and exercise alone. He had marked skin redundancy with skin break down in his groin related to thinning of his dermis and recurrent rashes in the area. Correction was advised.

PROCEDURE: The patient was taken to the operating room, placed supine on the operating room and following the induction of general anesthesia he was placed prone on the operating table. He was marked preoperatively for his circumferential lower body lift, as well as skin excess marked on the medial side of each leg and the infra-axillary region. His inframammary fold was also marked preoperatively. The patient was then sterilely prepped and draped. The excess skin and subcutaneous tissue of the lower back and upper buttocks were excised. A suprafascial plane of dissection was undertaken. Electrocautery was utilized throughout the dissection. Undermining of the lateral thigh with a large curetting sounds was performed. The buttocks were treated in a

similar fashion. This allowed advancement and elevation of the entire lower body. Fixation was carried out at the deeper layers with interrupted 0 PDS sutures and interrupted 2-0 PDS sutures and subcutaneous tissue in multiple layers and the skin with a running subcuticular stitch of 3-0 PDS. A large Jackson Pratt drain was brought through separate stab wounds prior to closure. The patient was then placed supine on the operating room and in stirrups for medial thigh lift. These could be positioned as required. Attention was first directed to the belly where the anterior portion of his lower body lift was completed. This was carried out as abdominoplasty type dissection. Suprafascial elevation of the entire trunk was performed. The lower abdominal skin excess was excised. The specimens weighed over 5 kilograms. Hemostasis was obtained with the electrocautery. Fixation of the lower suprapubic skin to the area of the pubis with interrupted 2-0 PDS sutures was carried out. Elevation of the upper trunk was then carried out and above the costal margin and above the xiphoid in the midline.

Utilizing again the blunt sound dissectors, the obliteration of the inframammary fold was performed. This allowed advancement and closure in multiple layers with interrupted 0 PDS sutures to the deepest tissues and interrupted 2-0 PDS sutures in multiple layers to the subcutaneous tissue and a running subcuticular stitch of 3-0 PDS to the skin. Again, Jackson Pratt drains were brought through separate stab wounds prior to closure. The umbilicus was brought out in the same location in routine fashion configured with interrupted 4-0 PDS sutures to the deeper tissues and a running 5-0 nylon suture to the skin.

Attention was then directed to the medial thigh where the position was changed to allow easy dissection. The skin excess and subcutaneous was excised and undermining of the medial thigh again with the blunt dissecting large cannulae allowed advancement fixation to the ischial rim with 0 PDS sutures. The skin was then closed in multiple layers with 2-0 PDS sutures to the subcutaneous tissues and a running subcuticular stitch of 3-0 PDS to the skin. Both sides were treated in exact similar fashion.

Attention was then directed to the anterior chest wall where infra-axillary excision of skin excess was performed. This allowed elevation of the remaining chest wall into the axilla. Fixation was carried out in multiple layers with interrupted 2-0 PDS sutures to the deepest tissue, interrupted 2-0 PDS to the subcutaneous, and a running subcuticular stitch of 3-0 PDS to the skin. Sterile dressings were applied. The patient was then extubated and returned to the recovery room postoperatively in good condition.

John Siebert

PRACTICE LIMITED TO INTERNAL MEDICINE AND CHEST DISEASES

M. F. SAMI, M.D., F.C.C.P., P.C.
DIPLOMATE
AMERICAN BOARD OF INTERNAL MEDICINE
AMERICAN BOARD OF CHEST DISEASES
17-52 FRANCIS LEWIS BLVD.
WHITESTONE, NY 11357
TELEPHONE: 718-746-9494
FAX #: 718-746-4963

January 20, 2004

Re: Michael Fertitta

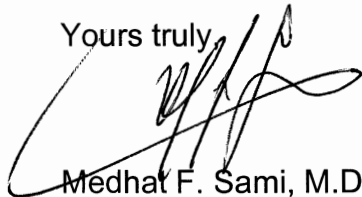
To Whom It May Concern:

This is to certify that Michael Fertitta has been a patient of this office for many years. He recently lost a very substantial amount of weight on a diet program and exercise. In March of 2003 he weighed 306 lbs. and on his visit of January 9th, 2004 he weighed 157 lbs. This resulted in extremely redundant abdominal skin which is interfering with his sexual activity and causing skin irritation and a rash in the upper thigh region. The same redundancy has occurred in the breast area, in the neck as well as other areas. This has also resulted in difficulty with walking.

He was advised to have a total body tuck and I feel this procedure is necessary due to the reasons I have described above.

Please let me know if I can be of further assistance.

Yours truly,



Medhat F. Sami, M.D., P.C.

DR. MEDHAT F. SAMI, M.D.
17-52 FRANCIS LEWIS BLVD.
WHITESTONE, N.Y. 11357

PRACTICE LIMITED TO INTERNAL MEDICINE AND CHEST DISEASES

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February 13, 2004

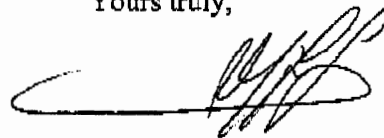
Re: Michael Fertitta

To Whom It May Concern:

Please be advised that the above patient is under my care for multiple medical problems largely resulting from previously morbid obesity. The patient lost 162 lbs in 11 months resulting in redundant skin of the abdomen, chest, and extremities. The patient developed intertrigo in the skin folds for which he was taking over the counter antifungal medications (Lotrin, and Mentax was also prescribed).

If I can be of any further assistance, please contact me at the above number.

Yours truly,



Medhat F. Sami, M.D., P.C.

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PRACTICE LIMITED TO INTERNAL MEDICINE AND CHEST DISEASES

M. F. SAMI, M.D., F.C.C.P., P.C.
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17-52 FRANCIS LEWIS BLVD.
WHITESTONE, NY 11357
TELEPHONE: 718-746-9494
FAX #: 718-746-4963

March 22, 2004

Re: Michael Fertitta:

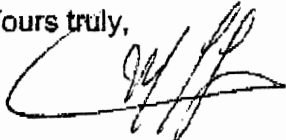
To Whom It May Concern:

Please be advised that since my previous letter to you the patient's skin condition did not improve despite the topical medications. As you know, the intertrigo has persisted in the skin folds.

Since the skin is extremely redundant, it is my advice that the patient undergo the surgery suggested previously.

Please let me know if I can be of further assistance.

Yours truly,



Medhat F. Sami, M.D., P.C.

Medhat F. Sami, M.D., P.C.
17-52 Francis Lewis Blvd.
Whitestone, NY 11357
718-746-9494

JOHN WESTON SIEBERT, M. D., P. C.
799 PARK AVENUE
NEW YORK, N. Y. 10021
—
(212) 737-8300

February 5, 2004

GHI
441 Ninth Avenue
New York, NY 10001

RE: MICHAEL FERTITTA

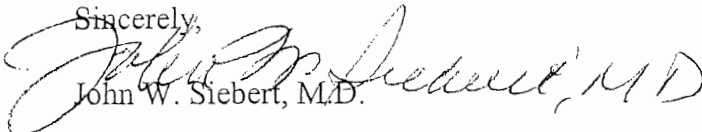
Dear Sirs:

This letter requests pre-authorization for the proposed surgery on Mr. Michael Fertitta. Mr. Fertitta is a 36-year old gentleman who miraculously through diet and exercise has managed to loose over 165 pounds over the past ten months. As a result of this massive weight loss, he has massive skin and subcutaneous tissue excess with intertriginous rashes as well as difficulty with folliculitis and other conditions related to the massive amounts of overhanging skin. His reconstruction requires a complete lower body lift, as well as medial thigh lifts on both legs. As you can see from his medical photographs, this is a definite necessity. This surgery will take approximately six to seven hours to perform, and require a 3 – 4 day hospital stay.

The CPT Codes for this proposed procedure includes: 15831 with a surgical fee of \$7,000, 15832 and 15832.50 with a surgical fee \$4,000 each, 15834 and 15834.50 with a surgical fee of \$2,500 each and 15825 and 15825.50 with a surgical fee of \$2,500 each.

Thank you for your understanding on behalf of Mr. Fertitta. We look forward to hearing from you in the near future, as he is extremely anxious to complete this reconstruction as soon as possible. He has done a remarkable job in changing his entire life and his self ramifications thus far.

Sincerely,


John W. Siebert, M.D.

JWS/ng

enclosures

JOHN WESTON SIEBERT, M. D., P. C.
799 PARK AVENUE
NEW YORK, N. Y. 10021
—
(212) 737-8300

March 22, 2004

Clinical Appeals Department
GHI
P.O. Box 2809
New York, NY 10116-2809
Attn: Janet L. Carr, M.D., Medical Director

Re:Pre-certification for Mr. Michael Fertitta
ID # 054541227/Ref.# 885303

Dear Dr. Carr:

In an effort to appeal Mr. Fertitta's Adverse Determination, I have been advised by Pat in the Medical Review Office to forward further information directly to your attention.

Attached you'll find:

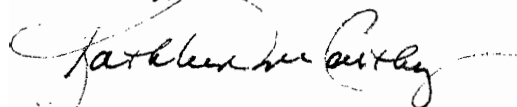
- 1) The original letter of medical necessity from Dr. Siebert.
- 2) Pre-op photos
- 3) A new letter from Mr. Fertitta's PCP – Dr. Sami.

I am sure that a re-review of this material with an open mind and looking through similar patients, will yield the proper and just decision.

Dr. Siebert will be happy to discuss this directly with you over the telephone if that would be of any benefit.

On behalf of the Fertitta Family I look forward to hearing from you and thank you for your willingness to review this decision.

Sincerely,



Kathleen McCarthy
Surgical Coordinator for
John W. Siebert, M.D.

Notice of Adverse Determination



Date: Feb 27, 2004
Subscriber: Christina Fertitta
Subscriber ID No.: 054541227
Patient: Michael Fertitta
Facility: Manhattan Eye Ear Throat Hosp
Admission Date: Mar 03, 2004
Reference No.: 885303
Coverage Type: Hospital

Christina Fertitta
21405 33rd Ave
Bayside, NY 11361

Dear Ms. Fertitta:

The Coordinated Care Department has received a request to authorize Hospital Inpatient service(s) for the above referenced patient.

A GHI Clinical Peer Reviewer has conducted a thorough review of the information provided and made a determination of non-authorization for the following reason(s):

This case and photos have been reviewed. Patient is a 36 year old with approximately 165lbs weight loss in 10 months with total body skin laxity. Medical Doctor request states patient has intertrigo/rashes treated with topical creams. This does not meet medical necessity criteria for at least 3 documented cellulitis episodes in abdominal area for excessive skin removal as per GHI clinical policy. Therefore procedure requested is denied.

The written clinical review, internal rule, guideline, criteria or any other information relevant to the claim used in making this determination is available to you or your designee upon request and free of charge.

Should you disagree with this determination, you have the right to file an appeal with GHI Coordinated Care, as provided on the reverse side of this letter. You may also have the right to an external appeal through the State of New York Insurance Department if GHI makes a final adverse determination on your appeal. You will receive instructions on how to file an external appeal with the New York State Insurance Department along with GHI's notice of Final Adverse Determination.

If you are a participant or beneficiary of an ERISA plan, you may also have the right to bring a civil action under section 502(a) of the Employment Retirement Income Security Act of 1974 ("ERISA") following a final adverse determination by GHI regarding your appeal. If you are not sure whether your health benefit plan is an ERISA plan, please contact your employer and/or plan sponsor. Please do not contact GHI for this information.

If you have further questions, please contact the Manager of Appeals at (888) 906-7668.

Sincerely,

[Handwritten signature of Janet L. Carr]

Janet L. Carr, MD
Medical Director

Note: The final decision to proceed with or to forego any medical treatment remains with the patient and doctor.

cc: Manhattan Eye Ear Throat Hosp
John Siebert, M.D.

NAD_P_2004_0227_112302_prex1



Acknowledgment of Pre-Service Receipt of Appeal



COORDINATED CARE

John Siebert, M.D.
799 Park Avenue
New York, NY 10021

Date: Mar 25, 2004
Subscriber: Christina Fertitta
Subscriber ID No.: 054541227
Patient: Michael Fertitta
Provider: Manhattan Eye Ear Throat Hosp
Start of Care Date: May 12, 2004
Reference No.: 885303
Coverage Type: Hospital (6DS)

Dear Dr. Siebert:

This is to acknowledge receipt of your faxed request for a pre-service standard appeal on Mar 24, 2004 regarding

- NON – AUTHORIZATION OF INPATIENT DAYS: 05/12/04 THROUGH 05/15/04

GHI will complete a review of your pre-service standard appeal and make a determination within thirty (30) calendar day(s) from receipt of this appeal. Notice of GHI's appeal determination will be provided in writing to you, your designated representative, or where appropriate, your health care provider. If GHI fails to decide your appeal within this time, the service will be deemed authorized.

If you have any questions, please contact the Manager of Appeals at (888) 906-7668.

Please utilize the reference number in all communications.

Sincerely,
Elizabeth Eng, RN
Appeals Manager
GHI Coordinated Care

cc: Christina Fertitta
Manhattan Eye Ear Throat Hosp

APLACK_P: 2004_03.25.115826_dhunt



Date: Apr 01, 2004
 Subscriber: Christina Fertitta
 Subscriber ID No.: 054541227
 Patient: Michael Fertitta
 Provider: Manhattan Eye Ear Throat Hosp
 Start of Care Date: May 12, 2004
 Reference No.: 885303
 Coverage Type: Hospital

John Siebert, M.D.
 799 Park Avenue
 New York, NY 10021

Dear Dr. Siebert:

This letter is in response to your recent appeal of: Mar 24, 2004 regarding the Non-Authorization of Inpatient Day(s).

A GHI Clinical Peer Reviewer has conducted a thorough review of the information provided. Based upon the review, a determination has been made to **uphold** the non-Authorization. This determination is based upon the following:

The submitted records do not establish the medical necessity of the requested procedures. The patient has been managed with multiple antifungal medications. The photos do not demonstrate intertrigo in any of the skin folds. While it is expected that the patient will have intermittent and recurrent intertrigo, it appears that this intertrigo has been successfully managed with antifungal medications. The submitted records, however, do not demonstrate the failure of conservative management such that surgery is the only reasonable alternative to this patient's problem of fungal intertrigo. The chart notes do not document at least three documented episodes of cellulitis in the area in which skin is to be removed.

NON AUTHORIZED PROCEDURES:

*CPT 15831, CPT 15832, CPT 15834 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) , thigh and hip
 CPT 15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P- flap)*

The written clinical review, internal rule, guideline, criteria or any other information relevant to the claim used in making this determination is available to you or your designee upon request and free of charge.

Should you disagree with this determination, you may file an external appeal through the New York State Department of Insurance. You must file an external appeal within **45** days of your receipt of this notice of Final Adverse Determination. Instructions, an application form, and information about the fee(s) for filing an external appeal are enclosed herewith for your convenience.

If you are a participant or beneficiary of an ERISA plan, you may also have the right to bring a civil action under section 502(a) of the Employment Retirement Income Security Act of 1974 ("ERISA") following this Final Adverse Determination. You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local US Department of Labor Office and your State insurance regulatory agency. If you are not sure whether your health benefit plan is an ERISA plan, please contact your employer and/or plan sponsor. Please do not contact GHI for this information.

If you have any questions, please contact the Manager of Appeals at (888) 906-7668.

Sincerely,
 Janet L. Carr, MD
 Medical Director
 GHI Medical Management

Note: The final decision to proceed with or forgo any medical treatment remains with the patient and doctor.

cc: Christina Fertitta
 Manhattan Eye Ear Throat Hosp

COORDINATED CARE



John Siebert, M.D.
799 Park Avenue
New York, NY 10021

Date: Apr 08, 2004
Subscriber: Christina Fertitta
Subscriber ID No.: 054541227
Patient: Michael Fertitta
Provider: Manhattan Eye Ear Throat Hosp
Start of Care Date: May 12, 2004
Reference No.: 885303
Coverage Type: Hospital

Dear Dr. Siebert:

The case for the above patient has been reviewed and a determination rendered. Enclosed, please find the photos you provided for our review which are being returned to you for your files.

Sincerely,
Elizabeth Eng, RN
Appeals Manager
GHI Coordinated Care

Enclosure: 16 PHOTOS > 6 BLACK & WHITE PLUS 10 COLOR

EXHRET: 2004_0408_113638_dhunt

