

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested computerized ophthalmic diagnostic imaging, posterior segment, retina **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested special eye exam, subsequent for bilateral eyes **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested fluorescein angiography **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested Indocyanine-green (Icg) angiography for bilateral eyes **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested fundus photography **is not medically necessary and appropriate.**

- 6) MAXIMUS Federal Services, Inc. has determined the requested Int eye photo, special anterior segment photography, fluorescein angiography, **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/24/2013 disputing the Utilization Review Denial dated 4/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/3/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested computerized ophthalmic diagnostic imaging, posterior segment, retina **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested special eye exam, subsequent for bilateral eyes **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the requested fluorescein anglography **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the requested Indocyanine-green (Icg) anglography for bilateral eyes **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the requested fundus photography **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the requested Int eye photo, special anterior segment photography, fluorescein angiography, **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Doctor of Optometry who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Optometry and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 17, 2013.

Clinical Summary:

This is a 56-year-old male who was injured on 3/12/13. The mechanism of injury occurred when he was struck in the right eye by a grape vine while trimming it. He was first seen by Ophthalmologist, Dr. [REDACTED] on 3/15/13. The patient complained of red, painful, and watery eyes. Visual acuity for both eyes were 20/30. The patient sustained three partial thickness corneal lacerations. Follow up on 3/18/13, patient stated that right eye was still teary and felt like something was in there and his vision was somewhat cloudy. There was still complaints of some pain around the eye, but the pain was a little better than when he was first seen. Visual acuity on the right eye was 20/25. Due to the possibility of endophthalmitis or an intraocular foreign body, Dr. [REDACTED] requested referral to a retinal specialist. On 3/28/13, the retinal specialist requested for diagnostic tests, to be done on patient's appointment on 3/29/13.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 4/24/13)
- Utilization Review determination (dated 4/17/13)
- Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16), pg. 1073 & 1093-1094

1) Regarding the request for computerized ophthalmic diagnostic imaging, posterior segment, retina:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right eye after being struck by a grapevine on 3/12/13. There were no medical records provided for review; the decision is based on information in the Utilization Review determination.

ACOEM Practice Guidelines categorize corneal abrasions into three classes based on healing time, degree of iridocyclitis, and potential infection complications. This case involves complex abrasions secondary to a tree branch, and typically could have a delayed and variable healing time. Special studies and diagnostics would be indicated if red flags have been identified. The documentation available for review does not identify any red flags which would meet the criteria for the requested service. The request for computerized ophthalmic diagnostic imaging, posterior segment, retina, **is not medically necessary and appropriate.**

2) Regarding the request for special eye exam, subsequent for bilateral eyes:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right eye after being struck by a grapevine on 3/12/13. There were no medical records provided for review; the decision is based on information in the Utilization Review determination.

ACOEM Practice Guidelines categorize corneal abrasions into three classes based on healing time, degree of iridocyclitis, and potential infection complications. This case involves complex abrasions secondary to a tree branch, and typically could have a delayed and variable healing time. Special studies and diagnostics would be indicated if red flags have been identified. The documentation available for review does not identify any red flags which would meet the criteria for the requested service. The request for special eye exam, subsequent for bilateral eyes, **is not medically necessary and appropriate.**

3) Regarding the request for fluorescein angiography:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right eye after being struck by a grapevine on 3/12/13. There were no medical records provided for review; the decision is based on information in the Utilization Review determination.

ACOEM Practice Guidelines categorize corneal abrasions into three classes based on healing time, degree of iridocyclitis, and potential infection complications. This case involves complex abrasions secondary to a tree branch, and typically could have a delayed and variable healing time. Special studies and diagnostics would be indicated if red flags have been identified. The documentation available for review does not identify any red flags which would meet the criteria for the requested service. The request for fluorescein angiography **is not medically necessary and appropriate.**

4) Regarding the request for Indocyanine-green (Icg) anglography for bilateral eyes:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right eye after being struck by a grapevine on 3/12/13. There were no medical records provided for review; the decision is based on information in the Utilization Review determination.

ACOEM Practice Guidelines categorize corneal abrasions into three classes based on healing time, degree of iridocyclitis, and potential infection complications. This case involves complex abrasions secondary to a tree branch, and typically could have a delayed and variable healing time. Special studies and diagnostics would be indicated if red flags have been identified. The documentation available for review does not identify any red flags which would meet the criteria for the requested service. The request for Indocyanine-green (Icg) anglography for bilateral eyes **is not medically necessary and appropriate.**

5) Regarding the request for fundus photography:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right eye after being struck by a grapevine on 3/12/13. There were no medical records provided for review; the decision is based on information in the Utilization Review determination.

ACOEM Practice Guidelines categorize corneal abrasions into three classes based on healing time, degree of iridocyclitis, and potential infection complications. This case involves complex abrasions secondary to a tree branch, and typically could have a delayed and variable healing time. Special studies and diagnostics would be indicated if red flags have been identified. The

documentation available for review does not identify any red flags which would meet the criteria for the requested service. The requested fundus photography is **not medically necessary and appropriate.**

6) Regarding the request for the internal eye photo, special anterior segment photography with fluorescein angiography:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Eye Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 16, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the right eye after being struck by a grapevine on 3/12/13. There were no medical records provided for review; the decision is based on information in the Utilization Review determination.

ACOEM Practice Guidelines categorize corneal abrasions into three classes based on healing time, degree of iridocyclitis, and potential infection complications. This case involves complex abrasions secondary to a tree branch, and typically could have a delayed and variable healing time. Special studies and diagnostics would be indicated if red flags have been identified. The documentation available for review does not identify any red flags which would meet the criteria for the requested service. The requested internal eye photography, special anterior segment photography with fluorescein angiography **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.