

Case Number:	CM13-0002866		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2012
Decision Date:	04/02/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Ophthalmology, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old male who was injured on 09/07/2012 while something went into his eye as he was picking fruit. His eyes were now very blurry and he sees flashes since the accident. He needed an evaluation for diabetes and hypertension. Prior treatment history has included ocular medications which included Murine tears and was taking Naproxen. Clinic note dated 08/13/2013 documented the patient to have complaints of severe loss of vision to the right eye. Objective findings on exam included external examination of the eyelids and adnexa within normal limits. Slit lamp examination does not reveals the presence of any anterior segment inflammation or scarring. The patient does have a near mature cataract in the right eye. The left eye has no evidence of lenticular opacities. There is noted to be a 1-2+ afferent pupillary defect in the right eye. Extra ocular motility is full. Examination of the visual field by confrontation testing us entirely normal in the left eye. Examination of the right eye reveals that the patient can see gross hard movements around the center of the field vision. Intraocular tension: Applanation tonometry is 7 mmHg in the right eye and 16 mmHg in the left eye. The visual acuity, without correction, is hand motion vision in the right eye and 20/50 in the left. With a myopic refractive correction, the visual acuity in the right eye shows no sign of improvement. The left eye vision improved 20/20. Upon internal examination the pupil of each eye is dilated. Examination of the media reveals the near mature cataract in the right eye as has been stated. Examination of the retina and vitreous is obstructed by the near mature cataract in the right eye and no details are seen other than a red glow elicited by retro-illumination examination. Diagnoses: 1. History of traumatic injury, right eye. 2. Status post abrasion, right eye (resolved). 3. Traumatic retinal detachment, right eye. 4. Secondary mature cataract, right eye. 5. Hypotony, right eye. 6. Myopia, both eyes (pre-existing). 7. Presbyopia (age related). 8. Subtotal retinal detachment with proliferative vitreo-retinopathy, right eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETINA DETACHMENT REPAIR OF THE RIGHT EYE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology <http://www.aao.org/theeyeshaveit/retinal-detachment.cfm>.

Decision rationale: Retinal detachment surgery is usually an urgent surgery and it is within standard of practice and preferred practice patterns of American Academy of Ophthalmology to have retinal detachment surgery as soon as possible. The date of injury and the follow up notes are very far apart, but nonetheless, to preserve the vision and possibly improve it, the patient requires the retinal detachment surgeries performed for the eye.