

<b>Case Number:</b>	CM13-0004603		
<b>Date Assigned:</b>	08/14/2013	<b>Date of Injury:</b>	04/01/1987
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Ophthalmology, and is licensed to practice in New York. 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 physician 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 claimant has a history of right eye alkali chemical burn. Office notes in the medical records span from 11/29/2001 to 06/05/2013. The records indicate that the patient began showing right eyelid ptosis upon evaluation in 03/18/2011. On the most recent history and physical exams, the patient complained of right upper eyelid drooping that "impairs vision." On examination visual acuity measured 20/40 right eye and 20/25 left eye. Examination of the anterior and posterior segments of the eye was performed, but there is no examination of the eyelids or adnexae documented. Automated visual field testing (08/13/2013) showed superior scotoma to 25 degrees from fixation for the right eye and 45 degrees from fixation for the left eye. Improvement of 20 degrees for the right eye and 15 degrees for the left eye was demonstrated with taped eyelids. Photographs demonstrate bilateral dermatochalasis and right eyelid margin ptosis that is consistent with the visual field test results. Coverage for services of right upper eyelid ptosis repair and bilateral upper eyelid blepharoplasty were denied based on the lack of data in the record, specifically the documentation of the eyelid margin height or the margin-reflex distance (MRD). The physician appealed arguing that the patient's right eyelid ptosis is likely secondary to the initial injury and resulting treatment

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Right upper eyelid blepharoplasty: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blepharoplasty, Blepharoptosis Repair, and Brow Lift."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery: A Report by the American Academy of Ophthalmology Kenneth V. Cahill, MD, Elizabeth A. Bradley, MD, Dale R. Meyer, MD, Philip L. Custer, MD, David E. Holck, MD, Marcus M. Marcet, MD, Louise

**Decision rationale:** In this case the claimant is having functional impairment due to right upper eyelid drooping in front of the vision. At issue is whether the documentation in the medical record demonstrates that surgery would be medically necessary. Based on the records the vision complaints are primarily related to the right eyelid. There is no part of the physical examination that relates to the eyelids other than photographs and visual field tests. The photographs are compelling evidence of right upper eyelid ptosis causing functional deficit. This agrees with the visual field tests that demonstrate severe right superior field defect. The request for a right upper eyelid blepharoplasty is medically necessary and appropriate.

**Left upper eyelid blepharoplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blepharoplasty, Blepharoptosis Repair, and Brow Lift."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery: A Report by the American Academy of Ophthalmology Kenneth V. Cahill, MD, Elizabeth A. Bradley, MD, Dale R. Meyer, MD, Philip L. Custer, MD, David E. Holck, MD, Marcus M. Marcet, MD, Louise

**Decision rationale:** Based on the medical records provided for review, the vision complaints are primarily related to the right eyelid. There is no part of the physical examination that relates to the eyelids other than photographs and visual field tests. The photographs are compelling evidence of right upper eyelid ptosis causing functional deficit. This agrees with the visual field tests that demonstrate severe right superior field defect. Treatment of the left upper eyelid surgically does not appear medically necessary based on the lack of physical examination of the eyelids and mild superior visual field defect. Consequently, the request for a left upper eyelid blepharoplasty is not medically necessary and appropriate.

**Lower left eyelid excision of lesion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blepharoplasty, Blepharoptosis Repair, and Brow Lift."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery: A Report by the American Academy of Ophthalmology Kenneth V. Cahill, MD, Elizabeth A. Bradley, MD, Dale R. Meyer, MD, Philip L. Custer, MD, David E. Holck, MD, Marcus M. Marcet, MD, Louise

**Decision rationale:** Excision of a left lower eyelid lesion is not medically necessary based on the absence of any history and physical examination that identifies or evaluates a left lower eyelid lesion. A left lower eyelid lesion is not found on examination in the medical records provided for review. Consequently, the request for a lower left eyelid excision of lesion is not medically necessary and appropriate.