

Case Number:	CM13-0021844		
Date Assigned:	01/03/2014	Date of Injury:	07/06/2011
Decision Date:	03/18/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 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 patient is a 66-year-old female who was injured on 07/26/2011. The mechanism of injury was reported as her helping get a patient onto a stationary bike when she tripped striking her skull behind the left ear on the base of a stool. The treatment history has included medications, PT and specialist visits. There are no reported surgical procedures. CT of the sinuses dated 05/23/2013 was essentially normal. MRA from the date of injury was normal. MRI of the brain performed 08/10/2011 revealed two areas of altered signal, a nonspecific finding. The clinic note dated 07/03/2013 from the [REDACTED] documented the patient to have complaints of pressure within her eyes. If she turns quickly she loses her balance. The examination findings included vestibular-ocular reflex test did not result in dizziness or blurring, normal OKN responses, anterior shift relating to visual posture present, VEP testing did not demonstrate an increase in amplitude for the binocular testing relative to the monocular amplitudes for the low spatial frequency. The patient was diagnosed with abnormal visual evoked potential, visual field constriction, visual spatial disorientation, mild traumatic brain injury, posterior vitreous detachment, myopia and presbyopia. Prior optometry exam dated 06/26/2013 recorded visual problems to include: objects constantly moving at distance and at near, closes one eye, sensitivity to fluorescent light, skipping or repeating lines with reading, movement of objects in the environment is bothersome, short attention span, inability to estimate distance accurately, bumps into things, head movements cause loss of balance, floor looks tilted. Past ocular history notes she has worn prescription glasses for many years. The optometrist is requesting a follow up office visit, OKN drum testing, visual field with report, refraction, sensory motor testing, extended ophthalmoscopy and neuro vision rehabilitation therapy. The carrier has denied the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

follow up visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation.

Decision rationale: Visual testing and office visits are not documented in the CA MTUS, therefore the ODG were applied. According to the ODG, "Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders. The patient may need to see a neurodevelopmental optometrist for the evaluation since a regular eye doctor may only consider the health of the eye and not how the brain is interpreting visual information." For this reason, the request for follow up evaluation with the optometrist, whom the patient has already seen for the series of evaluations and testing, should be non-certified.

OKN drum testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation.

Decision rationale: OKN drum testing is not documented in the CA MTUS, therefore the ODG was applied. The patient has had the OKN drum procedure performed on 07/03/2013 by the requesting optometrist. The request for additional testing and visits should be in compliance with the guidelines and should be performed by a specialist. According to the ODG and the American Academy of Ophthalmology, the patient should be undergoing additional testing and evaluation by an ophthalmology that specializes in this type of injury. There's no indication for repeating or having performed any of the extensive testing that was done. The negative neuro-imaging scans of the brain were valid and indicated to rule out injury to the brain from the fall, but the extensive vision testing was unnecessary.

Visual field testing and reporting: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation.

Decision rationale: Visual field testing reporting is not documented in the CA MTUS, therefore the ODG was applied. The patient has been evaluated for visual field and refraction testing by the requesting optometrist on 06/26/2013. The request for additional testing and visits should be in compliance with the guidelines and should be performed by a specialist. According to the ODG and the American Academy of Ophthalmology, the patient should be undergoing additional testing and evaluation by an ophthalmology that specializes in this type of injury. Furthermore the Goldmann visual field testing is more or less within normal limits and does not qualify as a constricted visual field test, as diagnosed.

Refraction: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation.

Decision rationale: Refraction is not documented in the CA MTUS, therefore the ODG was applied. The patient has been evaluated for visual field and refraction testing by the requesting optometrist on 06/26/2013. The request for additional testing and visits should be in compliance with the guidelines and should be performed by a specialist. According to the ODG and the American Academy of Ophthalmology, the patient should be undergoing additional testing and evaluation by an ophthalmology that specializes in this type of injury. Refraction or measuring for glasses has no relation to head injury and is not warranted in anyway.

Sensory motor testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation

Decision rationale: Sensory motor testing is not documented in the CA MTUS, therefore the ODG was applied. The patient has been evaluated for sensory motor exam on 07/03/2013 by the requesting optometrist. The request for additional testing and visits should be in compliance with the guidelines and should be performed by a specialist. According to the ODG and the American Academy of Ophthalmology, the patient should be undergoing additional testing and evaluation by an ophthalmology that specializes in this type of injury. Also, if indicated correct sensorimotor testing can only performed by a qualified neurologist.

Bilateral extended ophthalmoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation and AAO, Visual Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation and AAO, Visual Evaluations.

Decision rationale: According to the ODG and the American Academy of Ophthalmology, the patient should be undergoing additional testing and evaluation by an ophthalmology that specializes in this type of injury.

Neuro vision rehabilitation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation and AAO, Visual Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Vision Evaluation and AAO, Visual Evaluations.

Decision rationale: According to the AAO, "Patients with acquired brain injury and neurological disease, including trauma, stroke, Parkinson's disease, and tumors, often have significant limitations that result from visual impairment. Patients with these conditions may be overlooked in the vision rehabilitation referral process. The vision rehabilitation specialist can play a vital role for them". With that being said, the patient would first need the appropriate evaluations performed by the recommended specialists. There's no indication or general practice guideline for visual rehab therapy in the practice of ophthalmology.