

<b>Case Number:</b>	CM13-0022509		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records indicate that the claimant sustained multiple injuries while working and being struck by an iron block, falling and losing consciousness on 02/28/2008. The injuries included pelvis and lower extremity fractures, and head injury. He was diagnosed with traumatic brain injury and began receiving rehabilitation services during his acute recovery and after discharge. He underwent therapy for traumatic brain injury and physical therapy for symptoms of dizziness. The most recent follow-up with the rehabilitation doctor indicated complaints of headache that was improving. Physical exam showed improvement in the patient's cognition. Plan was made for laboratory analysis of endocrine function, medication adjustment, and referral for eye examination and for occupational therapy for a driving evaluation. The patient was evaluated by his optometrist on 11/18/2011 and assessed to have "farsightedness" and "binocular dysfunction". Physical examination from that date is limited to visual acuity measurements of 20/20 for both eyes. Prescription for glasses with prism was given. The records show a follow-up examination on 08/23/2013. There were complaints of sound and light sensitivity, and seeing spots. The assessment was hyperopia, convergence insufficiency, pursuit dysfunction, hyperphoria, and photophobia. Plan was for colorimeter testing and new glasses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colorimeter 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drew SA, Borsting E, Stark LR, Chase C. Chromatic aberration, accommodation, and color preference in asthenopia. *Optom Vis Sci.* 2012 Jul;89(7):E1059-67 and Kruger PB, Nowbotsing S, Aggarwala KR, Mathews S. Small amounts of chromatic aberration influence dynamic

**Decision rationale:** Colorimetry testing is not medically necessary in this case. In this case the patient has photophobia and convergence insufficiency that may be related to traumatic brain injury. The optometrist recommended colorimetry testing in order to guide the prescription of tinted glasses. There is no evidence in the medical literature that the practice of colorimetry testing can be used to treat a medical condition. Searches of published clinical studies using colorimetry testing demonstrated no scientific study on its use. The articles provided by the optometrist pertain to the use of colored filters to improve comfort and other symptoms in the setting of various conditions; however, there is no clinical study that colorimetry testing can be used to treat disease.