

Case Number:	CM13-0023795		
Date Assigned:	10/11/2013	Date of Injury:	08/10/2010
Decision Date:	01/31/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS 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 Occupational Medicine, 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 applicant is a represented [REDACTED] manager who has filed a claim for chronic headaches, blurred vision, neck pain, shoulder pain, memory loss, and back pain reportedly associated with an industrial assault injury of August 10, 2010. The applicant was reportedly assaulted by a combative customer with a baseball bat. Thus far, the applicant has been treated with the following: Analgesic medications; reportedly normal to near normal MRI imaging of the brain and CT scanning of the head, all of which were described as remote and not related to the industrial contusion injury; attorney representation; unspecified amount of chiropractic therapy; unspecified amount of acupuncture; and extensive periods of time off of work. The applicant has failed to return to work, it is noted. In a utilization review report of August 22, 2013, the claims administrator denied a request for an ophthalmology consultation, stating that there is no record of visual problems or ophthalmic complaints. The applicant's attorney later appealed, on September 10, 2013. A July 29, 2013 primary treating physician note is notable for comments that the applicant reports headaches and depression 5 to 6/10. The applicant is off of work. The applicant's diagnoses include concussion syndrome, posttraumatic stress disorder, insomnia, depression, anxiety, shoulder impingement, shoulder bursitis, neck pain, low back pain, and mid back pain. Psychiatry consultation and ophthalmology consultation are again sought, along with a neurology consultation. The applicant is given refills of Norco, Naprosyn, and meclizine while remaining off of work, on total temporary disability. An earlier note of July 11, 2013 states that the applicant is having symptoms related to dizziness, blurred vision, and ears ringing. The applicant's visual acuity is not detailed. The applicant is again given medication refills and placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examination and Consultation regarding Referrals, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 16, those applicants with symptoms of blurred vision can be referred either to an ophthalmologist or an optometrist based on the results of visual (ocular) screening. In this case, however, the attending provider did not document any complaints of blurred vision on the most recent July 2013 office visit. The attending provider did not document the applicant's visual acuity on the earlier June 2013 office visit. Since the precursor visual acuity screening was not performed, the proposed ophthalmology consultation is not certified as the applicant could very well have issues related to blurred vision as a result of improper refraction. This would be an issue for an optometrist as opposed to an ophthalmologist. Therefore, the request is not certified.