

Case Number:	CM13-0032847		
Date Assigned:	12/11/2013	Date of Injury:	12/02/1996
Decision Date:	02/26/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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:

According to the available records, the patient had a crushing head injury in 1996 resulting in orbit fracture, hearing loss, and neck pain. The patient has an ophthalmic history of glaucoma suspicion and underwent visual field testing on 05/14/2013. The visual field tests were normal. Upon ophthalmic evaluation on 07/18/2013, the complaints listed were "head injury 1996". Examination showed visual acuity 20/100 right eye and 20/30 left eye, right eyelid ptosis, dermatochalasis, and orbital fat herniation. The diagnosis was right upper eyelid ptosis and plan was made for right "MMR", presumably Mullers Muscle Resection. There are no photographs in the record to further elucidate the extent of ptosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

right Muller Muscle Resection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. 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, Loui

Decision rationale: Right upper eyelid ptosis repair is not medically necessary based on the medical records. The indications for functional eyelid surgery are symptomatic vision loss causing functional impairment. This can be demonstrated by historical evidence of vision difficulty affecting daily living, and supporting evidence in the form of visual field tests and photographs. In this case there is no history of vision difficulty related to upper eyelid drooping. Visual field tests were normal. There are no photographs in the record