

Case Number:	CM13-0035922		
Date Assigned:	03/26/2014	Date of Injury:	12/26/2000
Decision Date:	05/02/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 42 year old male who was injured on 12/26/2000. He developed a traumatic cataract. He also had a history of a retinal detachment in the right eye. The patient underwent a phacoemulsification and cataract extraction with posterior chamber implant of the right eye, limbal relaxing incision of the right eye, and pupil stretching of the right eye on 11/12/2013. Pre-Authorization letter dated 08/27/2013 indicated the patient present's with complaints of blurred vision in the right eye. The patient complains of light sensitivity in the right eye. The patient has difficulties with daily activities due to blurred vision. The patient noticed vision is getting worse on the right eye. The patient wants to have cataract surgery in the right eye. On examination, the patient's visual acuity was 20/400 OD and 20/30-1 OS with the glasses. The patient has dense 3+ posterior subcapsular cataract in the right eye. Cataract is caused by work related injury that patient suffered in 2002. Pre-authorization is being requested for Cataract surgery of the right eye. PR2 dated 10/09/2013 documented the patient to have complaints of blurry vision and light sensitivity in the right eye. The patient complains of difficulties with daily activities due to blurry vision. Objective findings on exam revealed cataract in the right eye with density 3+; corrected visual acuity in the right eye was 20/400 with 3.75 diopters of astigmatism; cataract and astigmatism was caused by work related injury in 2000. The patient is diagnosed with cataract and astigmatism. Cataract surgery is recommended with toric intraocular lens implant and limbus relaxing incision on the right eye. The indication for the limbus relaxing incision is because of the high astigmatism of 3.75 diopters. PR2 dated 03/15/2014 reported the patient is in for a follow-up on retinal detachment and dryness. Objective findings on exam revealed old retinal detachment is stable. The patient is diagnosed with old retinal detachment right eye, and eye syndrome. He is recommended artificial tears and protective wear.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general and Preop testing for low-risk cataract surgery patients: Physician calls for elimination of unnecessary, costly steps
<http://www.sciencedaily.com/releases/2013/12/131223181135.htm>.

Decision rationale: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. "Cataract surgery is unique among surgical procedures in that it has sufficient data to show that routine preoperative lab testing is not associated with improvement in outcomes when compared with patients who did not receive routine testing." According to the evidence based guidelines, preoperative testing is often performed before surgical procedures, these investigations can be helpful to stratify risk, direct choices, and guide postoperative management. Preoperative management is often obtained as part of protocol, rather than for medical necessity. The medical records documents the patient was to undergo surgery to the right eye for cataract extraction. The guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient is a young man and the medical records do not appear to detail relevant history, comorbidities, and any other potential risks that establish the medical necessity for preoperative testing in this case. Cataract surgery is a relatively common and low risk procedure, and references state "routine preoperative lab testing is not associated with improvement in outcomes when compared with patients who did not receive routine testing." The medical necessity of preoperative testing has not been established, recommendation is to non-certify the request.