

<b>Case Number:</b>	CM13-0036308		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Mississippi, New Mexico and 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:

The claimant has a history of left eye injury described as being struck by a metal antenna in 2007. There is also documented history of left eye neovascular glaucoma secondary to central retinal vein occlusion occurring in October 30, 2007. He underwent glaucoma surgery with placement of Ahmed valve on November 20, 2008. The earliest office notes included for review are dated March 11, 2011. There are multiple office visits for the purpose of monitoring and treating the left eye glaucoma and checking intraocular pressure (03/11/2011, 10/26/2011, 12/05/2011, 02/08/2012, 08/14/2012, 08/21/2012, 09/19/2012, 11/16/2012, 12/06/2012, 01/08/2013, 09/17/2013). Visual acuity measured 20/20 right eye and "hand motion" in the left eye consistently. Intraocular pressure varied from the mid-teens to low twenties. There were a variety of alterations in topical medication during that timeframe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Eye Surgery: Ahmed valve implantation with pericardial graft of the left eye:**  
Overturned

**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 Treatment Outcomes in the Tube Versus

Trabeculectomy (TVT) Study After Five Years of Follow-up, May 2012, American Journal of Ophthalmology Vol. 153, Issue 5, Pages 789-803.e2; and the Utilization of various glaucoma surgeries and procedures in Medicare beneficiar

**Decision rationale:** The records indicate that the patient has a history of neovascular glaucoma secondary to central retinal vein occlusion. Tube shunt surgery is medically necessary for neovascular glaucoma, and is often the only viable option for lowering intraocular pressure in the setting of this disease. The main argument for denial in this case is that tube-shunt surgery is that it is investigational and should only be used when other treatments have failed. Although the documentation does not include the preoperative characteristics or course of the patient's glaucoma, the use of tube shunt surgery for glaucoma is not experimental or investigational, even as a first-line treatment in severe cases of glaucoma. The medical evidence shows that tube shunt surgery can be an effective early treatment for glaucoma and often rivals other treatments such as trabeculectomy in terms of efficacy and lower complication rates. Therefore the treatment with Ahmed valve tube shunt for glaucoma in this case is medically necessary and appropriate.