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| <b>Case Number:</b>   | CM13-0040761 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 04/03/2013 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 10/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2013 |

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 40-year-old male with a reported injury on 04/03/2013. The mechanism of injury was not provided. The injured worker had an examination on 09/23/2013. The injured worker had a complaint of consistent pain, eye pain, and swelling and tearing of the left eye. The report stated that the symptoms appeared for no apparent reason. The objective findings in the exam just showed the left eye appeared swollen and red. The injured worker's prior treatments were not indicated within the documentation. There was no list of medications. The diagnoses consisted of pain in the eye or around the eye and sympathetic uveitis. The plan of treatment was to refer to an eye specialist. The request for authorization was signed and dated on 10/08/2013 and there was no rationale for the request provided.

### 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 Official Disability Guidelines (ODG), TWC, Eye Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 416, 417. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) eye, Ophthalmic consultation.

**Decision rationale:** The California MTUS ACOEM guidelines recommend if eye damage is not well on the way to resolution within 48 to 72 hours, referral to a specialist is indicated. The Official Disability Guidelines further state an ophthalmic consultation is recommended if there is a chemical burn, an intraocular infection, a rupture or perforation, or acute glaucoma. The requesting physician did not provide a recent complete assessment of the injured worker's eyes. The last examination provided for review was performed on 9/23/2013, which indicated injured worker's eye was reported to be red, swollen and tearing. The requesting physician did not include documentation indicating the injured workers medication regimen. There was no indication of chemical burns or intraocular infection or a rupture or perforation or acute glaucoma. The requesting physician's rationale for the request was not provided within the medical records. Therefore, the request for the ophthalmology consultation is not medically necessary.