

Case Number:	CM13-0045039		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2010
Decision Date:	03/05/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 49 -year-old female who reported injury on 09/07/2010. The mechanism of injury was stated to be carbon monoxide poisoning while working at a bakery. The patient was noted to have a visual system that was not functioning within the normal ranges. The basic visual skills were noted to be deficient in terms of binocular performance with reduced near point of convergence, decreased spatial localization, reduced stereo acuity and reduced convergence ranges. It was indicated that the skills play an important role in reading and near point work. The visual evoked potential test was abnormal. There was no binocular summation present for the lower spatial frequency and increased amplitudes with base in prism and binasal occlusion lead to the conclusion that visual neural pathways have been affected with visual processing. The patient was noted to have enlarged blind spots within each eye. The patient was noted to have blurred vision with the vestibular system which occurred with the testing along with nausea. The nausea lasted up to 40 seconds. The recommendation was for 12 sessions of neural vision rehabilitation including Interactive Metronome, Dynavision, functional mobility training, ocular motor training and binocular therapy, a referral to an ENT Neuro-otologist or vestibular therapist for a vestibular evaluation and 2 pairs of glasses. The patient diagnoses were noted to include visual and binocular vision deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) pairs of prescription glasses: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

Decision rationale: The ACOEM Guidelines indicate that corrective lenses designed specifically for fine details including display screen work could be used for workers with refractive error or presbyopia and lenses of this type could be incorporated into multifocal eye glasses as well. Per the submitted documentation dated 10/31/2013 the reason the patient requires 2 separate pairs of glasses is that the patient has binocular vision problems and visual spatial problems. The patient could not concentrate when reading for long. A single vision prescription would allow the patient a greater opportunity over bifocals to read because of the large area of vision afforded in a single vision design. The bifocal was noted to be impractical for use on a computer as the patient would strain their neck to see the screen. Additionally, it was noted the patient may not adapt to bifocals. For ambulation it was further documented that this would be more difficult for the patient to walk with bifocals and there was a much greater chance of falling due to confusion with the bio focal line. Additionally it was noted the distance prescription requires yoked prisms to help with balance and orientation. The reading glasses do not require yoked prisms; therefore, it was requested that 2 prescriptions 1 for distance and 1 for near was the way to prescribe for this patient. Given the above and the documentation of exceptional factors, the request for two pairs of prescription glasses is medically necessary.

Neuro-vision rehabilitation therapy (12 visits): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.austinsvt.com/what-is-neuro-visual-therapy.html.

Decision rationale: Per autinsvt.com "Neuro-Visual Therapy (vision therapy, vision training, and vision rehabilitation) is a specialized program of neurological exercises that integrate your brain, body and eyes together to allow the visual system to function automatically without compensating for inefficiencies and helps facilitate each individual to achieve their full potential". Clinical documentation submitted for review in rebuttal dated 10/31/2013 indicated that the patient did not process visual information efficiently. It was noted to cause problems with reading comprehension, doing detailed work. The patient was noted to have fatigue due to the vision problems which made it difficult to hold down a job and the patient was noted to have headaches. The visual evoked potential test showed the patient had no summation of the binocular amplitudes when compared with the monocular amplitudes. This was noted to be an objective test that explained that the patient had binocular vision deficits. The patient was noted to have post-trauma vision syndrome which included many of the visual deficits, convergence insufficiency and deficiency of saccadic eye movements which were present. 12 sessions would equal 1 month of visits at which point the patient could be re-assessed. Given the patient's

Referral to ENG or Neuro-otologist or vestibular physical therapist for vestibular evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

Decision rationale: The Official Disability Guidelines (ODG) recommends vestibular physical therapy rehabilitation for patient with vestibular complaints including dizziness and balance dysfunction. Clinical documentation submitted for review indicated the patient became dizzy with testing; however, the patient has not attended Neuro-vision Rehabilitation Therapy, which may relieve the symptom of dizziness with integration of the brain. Given the above, the referral to ENG or Neuro-otologist or Vestibular Physical Therapist for Vestibular Evaluation is not medically necessary.