

Case Number:	CM13-0047388		
Date Assigned:	04/25/2014	Date of Injury:	06/16/2009
Decision Date:	07/07/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

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 59-year-old male who was injured on 06/16/2009. The mechanism of injury is unknown. The follow-up Ophthalmic consultation dated 09/20/2013 indicates that the patient states that he started having floaters in the right eye, and the right eye became cloudy and burning, and he was unable to read. The patient refused to talk about his general health, but stated "everything is under control." On exam, his visual acuity in the right eye is 20/400; PH: is 20/300; the left eye is 20/60 and PH is 20/30. The pupils reveal intra-ocular pressure is 13 bilaterally. On a slit lamp exam, the lids/lashes are normal bilaterally; conjunctiva clear bilaterally; cornea clear bilaterally; anterior chamber (AC) deep/orbit is clear bilaterally; and the iris is normal bilaterally. The patient is diagnosed with proliferative diabetic retinopathy (PDR), and diabetic macular edema (DME) of the right eye, VA of the right eye. The remaining note is illegible. The ophthalmic clinic note dated 04/09/2014, reports that the patient presents for follow-up of PDR and pan-retinal photocoagulation (PRP) of the right eye. The patient still complains of cobwebs and floaters in the right eye since the last visit. On exam, visual acuity in the right eye is 20/50(+1) PH: 20/-. The left eye is 20/70(+1) PH: 20/50(-1); intra-ocular pressure is eight (8) in the right eye. Impression is PDR/VA in the right. The patient asked to stop early, because he was unable to tolerate the pain and does not want blocks. Prior UR dated 10/04/2013 states partial certification of intravitreal injection and Avastin, date of service: 09/20/2013 is recommended. Additional evidence is required to justify functional benefit for certification approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAVITREAL INJECTION AND AVASTIN (STARTING FROM DATE OF SERVICE: 09/20/2013 AND MONTHLY TIMES SIX (6) MONTHS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yanoff & Duke, Ophthalmology, 3rd Edition, Chapter 6.17, Macular Edema (last updated 01/01/2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ophthalmology. 2012 Apr;119(4):789-801. doi: 10.1016/j.ophtha.2011.12.039. Epub 2012 Feb 11. Ranibizumab for diabetic macular edema: results from 2 phase III randomized trials: RISE and RIDE. Nguyen QD1, Brown DM, Marcus DM, Boyer DS, Patel S, Feiner L, Gibson A, Sy J, Rundle AC, Hopkins JJ, Rubio RG, Ehrlich JS; RISE and RIDE Research Group (<http://www.ncbi.nlm.nih.gov/pubmed/22330964>); The Diabetic Retinopathy Clinical Research Network, Elman MJ, Qin H, Aiello LP, Beck RW, Bressler NM, Ferris FL III, Glassman AR, Maturi RK, Melia M. Intravitreal Ranibizumab for Diabetic Macular Edema with Prompt vs Deferred Laser Treatment: 3-year Randomized Trial Results. Ophthalmology 2012;119:2312-18 (Published); and Diabetic Retinopathy Clinical Research Network: drcr.net.

Decision rationale: The medical evidence recommends a monthly injection of anti-VEGF (Bevacizumab, ranibizumab, or aflibercept) therapy for diabetic macular edema. There are multiple ongoing studies that can be accessed via drcr.net (Diabetic Retinopathy Clinical Research Network) that validate the benefits of monthly anti-VEGF intraocular injections plus or minus panretinal photocoagulation laser (PRP) for the treatment of proliferative diabetic retinopathy and diabetic macular edema. The medical records document the presence of proliferative diabetic macular edema, which has improved from 9/2013 to 4/9/2014, after treatment with bevacizumab, resulting in enhanced visual acuity of the patient's right eye. Further, the documents show that the laser treatment has helped stabilize the left eye and improved the vitreous hemorrhage of the right eye. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.