

<b>Case Number:</b>	CM13-0052981		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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 58 year old male with a 02/27/2007 left eye injury. The patient was apparently poked in the eye with an antenna and had gradual loss of vision in the left eye. Prior treatment history has included medications, eye injection, and multiple laser surgeries. In addition, he had prior Ahmed valve surgery in October 2007 and PPV in October 2008. On September 17, 2013 the patient's treating doctor requested surgery for the left eye to include Ahmed valve implantation with pericardial graft to the left eye. Patient complaints on examination included glaucoma, the patient stated his eyes are about the same. Findings on examination include: visual acuity right eye 20/25-1, left eye HM; tonometry pressure right eye measured 14.5 and left eye 28.5; visual fields for the right eye was full; extra ocular movement for both eyes was full; external examination was normal bilaterally; slit lamp exam lids and lashes was normal, conjunctiva was white bilaterally, cornea was clear on the right with edema on the left, anterior chamber with deep in quiet on the right and tube on the left, Iris was round and reactive on the right and irregular pupil with neovascularization on the left, lens was clear bilaterally, vitreous was normal bilaterally. Assessment was neovascular glaucoma of the left eye secondary to CRVO and ocular hypertension of the right eye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery Eye left-Ahmed valve implantation with pericardial graft of left eye:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncpi.nlm.nih.gov/pubmed7611326](http://www.ncpi.nlm.nih.gov/pubmed7611326), and [www.rivaleesbell.com/articles/glaucomasurgery.pdf](http://www.rivaleesbell.com/articles/glaucomasurgery.pdf)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncpi.nlm.nih.gov/pubmed7611326](http://www.ncpi.nlm.nih.gov/pubmed7611326), and [www.rivaleesbell.com/articles/glaucomasurgery.pdf](http://www.rivaleesbell.com/articles/glaucomasurgery.pdf).

**Decision rationale:** The August 8, 2013 notes clearly state that patient was using timolol and azopt eye drops, so, the denial based on statement "that eye drops were not addressed" is incorrect. The subsequent exam by the same ophthalmologist in 9/2013 does not comment on the eye drops, but it is safe to presume that the patient was continuing to take the medication, since the 8/8/13 note also states the plan to continue the eye drops. From 8/2013 to 9/2013 there is switch to electronic records and therefore, eye meds may have been left out of the digital prints. The 12/2013 note comments on the occluded Ahmed valve, which is an indication for its replacement. According to the same studies quoted by ██████████ in the initial denial, Ahmed valve surgery is indicated for "failure of primary glaucoma surgery" and it is expected that at least "one third of the patient will need secondary surgical intervention". The intraocular pressures noted between August and December 2013 are noted to have dramatically increased in comparison to the prior pressures and if the valve is occluded as indicated in the notes better control of the intraocular pressures are indicated with possible repeat Ahmed valve surgery.