

<b>Case Number:</b>	CM13-0053366		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/27/1995
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/11/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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:

According to the records made available for review, this is a 60-year-old male with a 1/27/95 date of injury. At the time (9/17/13) of request for authorization for ophthalmology consultation, there is documentation of subjective (daily headaches and ringing in the ears) and objective (abduction of right shoulder at 100 degrees, extension at 100 degrees, and flexion at 100 degrees; and abduction of left shoulder at 150 degrees, extension at 45 degrees, and flexion at 150 degrees) findings, current diagnoses (diabetes mellitus type II, chronic daily headaches, tinnitus related to long term high dose Aspirin ingestion, and diplopia secondary to stroke from 1995), and treatment to date (medications). There is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OPHTHALMOLOGY CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, pages 92, 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127

**Decision rationale:** ACOEM Guidelines require documentation that a consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of diabetes mellitus type II, chronic daily headaches, tinnitus related to long term high dose Aspirin ingestion, and diplopia secondary to stroke from 1995. However, given no documentation of a rationale identifying the medical necessity of the requested ophthalmology consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.