

Case Number:	CM13-0060595		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2011
Decision Date:	04/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice, 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 60-year-old female who reported an injury on 02/08/2011 after she was struck by a heavy metal door. The patient reportedly sustained an injury to the left side of her face. The patient had persistent left eye pain that was evaluated by an optometrist in 2012, who determined that the patient's eye pain was not ophthalmic in nature. The patient had persistent left eye complaints, and a CT scan of the orbital floor to evaluate evidence of fracture was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) scan, left orbital floor: 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) - Treatment for Workers Compensation, Online Edition, Chapter: Eye, Computed tomography (CT)

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

Decision rationale: The requested computed tomography scan of the left orbital floor is not medically necessary or appropriate. The clinical documentation submitted for review does support that the employee has had persistent pain complaints of the left eye. However, there was no recent clinical documentation that the employee has any visual disturbances or eye mobility issues that would support surgical intervention. The Official Disability Guidelines do recommend a CT scan of the orbital floor in addition to other diagnostic tools, including clinical findings, to assist in developing a treatment plan for a patient with an eye injury. The clinical documentation submitted for review does not provide any recent evaluation to support visual deficits or eye mobility that would require further diagnostic study. Therefore, the need for a CT scan of the employee's orbit is not clearly identified. As such, the requested CT scan of the left orbital floor is not medically necessary or appropriate.

Computed tomography (CT) scan, right orbital floor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested computed tomography scan for the right orbital floor is not medically necessary or appropriate. The Official Disability Guidelines do recommend CT scans of the orbital floor in addition to other diagnostic tools, such as clinical evaluation. The clinical documentation submitted for review does not provide a recent evaluation of the employee's visual disturbances or eye mobility that would support deficits requiring this type of diagnostic study. The clinical documentation supports that the employee has persistent left eye pain. However, the need for a scan to the right orbital floor is not clearly identified. As such, the requested computed tomography scan of the right orbital floor is not medically necessary or appropriate.