MAXIMUS Federal Services

Case Number:	CM13-0062090		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2012
Decision Date:	05/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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 39 year-old male s/p injury on 10/25/12 with development of a ruptured globe and corneal laceration s/p repair. According to the records made available for review, on the most recent examination dated 7/26/13, the patient presented with the chief complaint of "vision still not clear" and follow-up for the corneal laceration repair. Visual acuity at distance with correction was 20/60-2 in the right eye. Ophthalmology examination was significant for corneal sutures inferiorly with suture track and scar; irregular pupil inferiorly with iridectomy and posterior synechaie inferiorly; posterior subcapsular cataract. Diagnoses was traumatic cataract with plan for cataract extraction with intraocular lens and with aniridia/coloboma ring segment capsular tension ring. Treatment to date includes corneal laceration repair and eye drops.

IMR ISSUES, DECISIONS AND RATIONALES

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

CATARACT SURGERY, RIGHT EYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, (Ashwin, 2009) (Rosado-Adames, 2012).

Decision rationale: Cataract removal is indicated when visual acuity is reduced worse than 20/40 and there is subjective impairment to carry out needed or desired activities (such as driving, reading, and special occupational needs). In this case, the patient complains of blurred vision, however there is no documentation of subjective impairment or impact on activites of daily living. Surgery for cataracts is considered when medical, optical and environmental measures have proven inadequate for the patient's personal visual requirements. Surgery is not necessary solely because the cataract is present. The request is not medically necessary and appropriate.

ANIRIDIA/COLOBOMA RIGHT SEGMENT CAPSULAR RING SURGERY (PREFORMED IN CANADA ONLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699984/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Indications And Clinical Outcome Of Capsular Tension Ring (Ctr) Implantation: A Review Of 9528 Cataract Surgeries." Clin Ophthalmol. Mar 2007; 1(1): 65-69, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699984.

Decision rationale: According to the US National Library of Medicine, capsular tension ring surgery is not FDA approved in the United States. Consequently, the current request for an Aniridia/Coloboma Right Segment Capsular Ring Surgery to be performed in Canada is not medically necessary and appropriate.