

Case Number:	CM13-0062813		
Date Assigned:	07/02/2014	Date of Injury:	04/03/2013
Decision Date:	08/05/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 with the diagnosis of pain around the eye, for whom request is made for consultation with Ophthalmology. Per the exam dated 1/4/2014, the patient is evaluated by [REDACTED] (Ophthalmology), and complains of tearing, redness, and burning of the left eye. On examination, visual acuity at distance without correction is 20/20 in the right eye and 20/25 in the left eye. Exam is significant for blepharitis bilaterally, with cup/disc ratio of 0.3 right eye and 0.5 left eye. Impression is blpharitis, bpinguecula, tear film insufficiency, and preglaucoma, with treatment plan of lid hygiene, visual field testing and possible punctual plugs. A UR on 10/14/2013 recommended non-certification of the Ophthalmology consultation. However, another UR review on 11/8/2013 certified an eye specialist consultation, 1 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with eye specialist, 1 visit: Overturned

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 - Office Visits American Academy of Ophthalmology, Preferred Practice Patterns - Glaucoma

Suspect, 2010<http://one.aao.org/preferred-practice-pattern/primary-openangle-glaucoma-suspect-ppp--october-20>.

Decision rationale: The Official Disability Guidelines (ODG) notes that office visits are recommended as determined to be medically necessary. In this case, there the patient has symptoms of pain, irritation, and tearing of the eye, and therefore Ophthalmology consultation would be indicated. The patient is examined by Ophthalmologist and noted to have tear film insufficiency and is also a glaucoma suspect. Follow up examination is indicated for visual field testing and workup for the pre-glaucoma. Therefore, the request for consultation with eye specialist, 1 visit is medically necessary and appropriate.