

<b>Case Number:</b>	CM14-0007380		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the [REDACTED], Optical coherence tomography is potentially a powerful tool for detecting and monitoring a variety of macular diseases, including macular edema, macular holes, and detachments of the neurosensory retina and pigment epithelium. This test is much more sensitive than an ophthalmic examination of the retina. Medical records from 1/28/2014 document that the patient's best corrected visual acuity is reduced to 20/25. A 33 year old eye in a good state of health is expected to have best corrected visual acuity of 20/20 and it is assumed that if this eye had not undergone trauma and surgery, the expected best corrected visual acuity would be 20/20. As the examination performed by the physician did not indicate any obvious pathology in the macula, more sensitive ancillary imaging tools such as ocular coherence tomography ARE MEDICALLY NECESSARY to further search for the cause of the reduction in the patient's visual acuity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMAGINING OF THE MACULA:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Three-dimensional high resolution OCT imaging of macular pathology. C Ehlers and U Schmidt-Erfurth. Optics Express, Vol. 17, Issue 5, pp. 4037-4045 (2009) <http://dx.doi.org/10.1364/OE.17.004037>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PupMed.gov Imaging of macular diseases with optical coherence tomography. Puliafito CA1, Hee MR, Lin CP, Reichel E, Schuman JS, Duker JS, Izatt JA, Swanson EA, Fujimoto JG. <http://www.ncbi.nlm.nih.gov/pubmed/7862410>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the PupMed.gov article, Optical coherence tomography is potentially a powerful tool for detecting and monitoring a variety of macular diseases, including macular edema, macular holes, and detachments of the neurosensory retina and pigment epithelium. This test is much more sensitive than an ophthalmic examination of the retina. Medical records from 1/28/2014 document that the patient's best corrected visual acuity is reduced to 20/25. A 33 year old eye in a good state of health is expected to have best corrected visual acuity of 20/20 and it is assumed that if this eye had not undergone trauma and surgery, the expected best corrected visual acuity would be 20/20. As the examination performed by the physician did not indicate any obvious pathology in the macula, more sensitive ancillary imaging tools such as ocular coherence tomography ARE MEDICALLY NECESSARY to further search for the cause of the reduction in the patient's visual acuity

**EXTENDED OPHTHALMOSCOPY:** 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 Other Medical Treatment Guideline or Medical Evidence: MelinePlus. A service of the U.S. National Library of Medicine Ophthalmology <http://www.nlm.nih.gov/medlineplus/ency/article/003881.htm>

**Decision rationale:** The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the MedlinePlus Ophthalmology is an examination of the back part of the eye (fundus), which includes the retina, optic disc, choroid, and blood vessels. There are three types of Ophthalmology: Direct Ophthalmology, Indirect Ophthalmology, and Slit-lamp Ophthalmology. The medical records document the patient was diagnosed with a ruptured globe due to a work related injury. Ruptured globe and intraocular surgery pose longterm risk of retinal detachment, especially in young patients such as the one in this case. Therefore, American Academy of Ophthalmology standard practice guidelines advocate periodic extended ophthalmology examinations to evaluate for possible retinal tears and/or detachments, and it's utilization IS MEDICALLY NECESSARY in this case.