MAXIMUS Federal Services

Case Number:	CM14-0008651		
Date Assigned:	02/12/2014	Date of Injury:	12/12/2013
Decision Date:	12/12/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	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 Ophthalmologist 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 25 year old male who was injured on 12/12/2013 while performing his customary job duties as a cook. He was struck in the left eye with vinegar, lime juice, and spices which affected his contact lenses. On eye exam dated 01/13/2014, objective findings on exam revealed uncorrected visual acuity of the right eye is 20/20; left eye is 20/00 and both eyes are 20/20. Opacities are present of the left cornea. Otherwise, the exam is within normal limits. The patient reached MMI as of 01/13/2014 and returned to work without restrictions and he must wear an eye patch or glasses. He is released from care without ratable disability or need for future medical care. On eye exam dated 12/16/2013, the patient presented with complaints of pain in his left eye. He described symptoms as sharp, mild, and intermittent in nature. His symptoms are exacerbated on palpation and are alleviated with rest. He has pain and itching of the left eye. He reported he was not wearing protective gear at the time of injury. On exam, his uncorrected visual acuity in the right eye was 20/40; left eye 20/00, and both eyes 20/40. The visual fields were grossly normal bilaterally. The exam was performed using a UV lamp. The red reflex is absent in the left eye. There were no opacities or hemorrhages found during fundoscopic exam. Bony tissues of the left orbit ocular adnexa are normal; and soft tissues of left ocular adnexa are normal. There were some abnormalities found in the conjunctiva. He has erythema and the left cornea has disrupted epithelium. The left anterior chamber is negative for hemorrhage, inflammatory cells, and lens displacement. His pupils are symmetrical and equally reactive to light and accommodation. There is no nystagmus noted. The patient is diagnosed with eye burn, headache, and acute conjunctivitis. He is awaiting referral approval to ocular prosthesis. Prior UR dated 01/10/2014 states the request for custom scleral ocular prosthesis is non-certified as documentation gives no definitive reasoning that suggest or proves medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom scleral ocular prosthesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Functional Restoration page 92 and Non-MTUS Title 8, California Code of Regulations, section 9792.20.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy Of Ophthalmology Preferred Practice Patterns

Decision rationale: The medical records submitted for review indicates the examination documented is by a non-ophthalmologic practitioner. There is no slit-lamp examination documented and the history indicates that the patient has congenital anomaly of the left eye. Given the inadequate examination and history and possible chronicity of the condition dating back to childhood, the ocular prosthesis is not medically necessary and appropriate.