

Case Number:	CM14-0012538		
Date Assigned:	02/21/2014	Date of Injury:	04/19/2006
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery, and is licensed to practice in Maryland. 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 injured worker is a 48 year old male who reported a date of injury 4/19/06 to his low back. The AME dated 07/19/13 indicated the patient having had no formal eye examination in the past. However the patient had no eye problems seeing far or near. No family history was identified indicating eye issues. The patient had fallen from a second floor on 04/19/06 when he landed on a cement floor striking the left side of his head, shoulder, and hip. The patient reported blurry vision approximately three years following the accident. Upon exam, the patient demonstrated 20/25 vision in both eyes. Extraocular muscles were identified as being full. The lids and conjunctivae were clear. No swelling was identified at the lids. No redness or discharge was identified. The QME dated 03/22/13 indicated the patient complaining of right sided jaw pain. The patient stated he ate primarily soft foods. Upon exam, tenderness was identified at the temporomandibular joints bilaterally and masticatory muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MAXILLARY ORTHOPEDIC APPLIANCE: 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 Other Medical Treatment Guideline or Medical

Evidence: 1.) Power SM, Matic DB. Gingivoperiosteoplasty following alveolar molding with a Latham appliance versus secondary bone grafting: the effects on bone production and midfacial growth in patients with bilateral clefts. *Plast Reconstr Surg.* Aug 2009;124(2):573-82. 2.) Nazarian Mobin SS, Karatsonyi A, Vidar EN, Gamer S, Groper J, Hammoudeh JA. Is presurgical nasoalveolar molding therapy more effective in unilateral or bilateral cleft-lip palate patients?

Decision rationale: Clinical documentation indicates the patient showing tenderness at both TMJs. However, currently no high quality studies exist supporting the use of maxillary orthopedic appliances. Without high quality studies published in peer reviewed literature supporting the safety and efficacy of these devices, this request is not indicated as medically necessary and appropriate.

ONE NEURO-OPTOMETRIC VISION THERAPY: 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 Other Medical Treatment Guideline or Medical Evidence: 1.) Don W. Lyon, OD, MS, FAAO, et al. *Optom Vis Sci.* Author manuscript; available in PMC May 1, 2014. *Optom Vis Sci.* May 2013; 90(5): 475-481. doi: 10.1097/OPX.0b013e31828def04. PMID: PMC3662294NIHMSID: NIHMS459510. Feasibility of a Clinical Trial of Vision Therapy for Treatment of Amblyopia. 2.) Tara L. Alvarez, et al. *Vision Therapy in Adults with Convergence Insufficiency: Clinical and Functional*

Decision rationale: The patient has been identified as having 20/25 vision in both eyes. Therefore it is unclear how the patient will benefit from neural optometric vision therapy. Given the minimal deficits identified in visual acuity within the medical records provided for review, this request is not indicated as medically necessary and appropriate.