MAXIMUS Federal Services

Case Number:	CM14-0114156		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2000
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 patient is a 43 year-old male with the diagnosis of traumatic brain injury, post traumatic seizure disorder, for whom request is made for vision therapy and spectacles for near and far vision. Per evaluation dated 1/8/2014, the patient has a history of trauma resulting in facial fractures in 3/2013, and the claimant had an episode of Bell's palsy with dryness of the left eye, as well as diplopia in superior gaze. The claimant complains of blurred vision due to loss of reading glasses. Visual acuity at distance is 20/25 in the right eye and 20/30 in the left eye; best corrected visual acuity is 20/20 in both eyes with an astigmatic refraction. Examination is significant for convergence insufficiency, hypertropia, oculomotor dysfunction pursuits, lagophthalmos, trichiasis, and dry eyes. The claimant required separate spectacle lenses with prism correction for distance and near viewing. Plan was to try to the spectacles and return for re-evaluation in 4-6 weeks. There is no documentation provided of the follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vision Therapy: 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/pubmed/12036500.

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:http://www.ncbi.nlm.nih.gov/pubmed/?term=12036500Curr Treat Options Neurol. 2002 Jul;4(4):271-280.Vision Disturbances Following Traumatic Brain Injury.Kapoor N1, Ciuffreda KJ.

Decision rationale: The evaluation report is from 1/8/2014, and no documentation is provided of a followup evaluation. It is not clear if the claimant has been started on vision therapy and the results of such treatment. Due to lack of information regarding the course of treatment, medical necessity for vision therapy is not established.

Spectacles for near and far vision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preferrred Practice Patterns CommitteeAmerican Academy of Ophthalmology.

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: American Academy of Ophthalmology (AAO), Preferred Practice Patterns - Comprehensive Adult Medical Eye Evaluation.

Decision rationale: The treatment plan was for the claimant to have spectacles and return in 4-6 weeks for re-evaluation and spectacle check. Documentation is not provided as to the results of the follow-up evaluation. As such, due to the lac of information regarding the course of treatment, medical necessity for spectacles for near and far vision is not established.