

Case Number:	CM14-0166999		
Date Assigned:	10/14/2014	Date of Injury:	06/16/2009
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Pennsylvania. 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:

This is a 60 year-old male who has reported a variety of medical conditions as work-related, with injury dates spanning from 1978 to 2010. Relevant to this review are diagnoses related to the eye, including cataracts, vitreous hemorrhage and diabetes with ocular complications. This injured worker has had poorly controlled diabetes for many years and has had treatment for complications in the eye and other organs. Ophthalmology AME on June 4, 2013 discussed the condition of the eyes, the diabetic retinopathy, and noted that there was no current need for retinal treatment. Future treatment was possible in the event of worsening signs and symptoms. Treatment of the eyes has included retinal laser therapy and a left pars plana vitrectomy on April 10, 2014. The medical records sent for this review are approximately 1000 pages but do not include the recent ophthalmology reports. Per the September 18, 2014 Utilization Review, the injured worker was seen on September 3, 2014 for blurred vision and floaters. Vitreous hemorrhage was seen in the right eye. Vitrectomy was recommended. The treatment request was for retinal surgery, without mention of the vitrectomy procedure in the medical report. On September 18, 2014 Utilization Review non-certified the retinal surgery, noting the lack of a specific treatment plan and specific kind of surgical request. A textbook was cited. The Independent Medical Review application lists a request for retinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retinal Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yanoff: Ophthalmology, 2nd ed., Chapter 134 - Peripheral Retinal Lesions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 472. Decision based on Non-MTUS Citation Medscape Reference, Vitreous Hemorrhage Treatment & Management

Decision rationale: The California MTUS Guidelines do not provide direction for the management of diabetic retinopathy or blurred vision beyond recommending specialist referral for several eye conditions, including some cases of blurred vision. The Medscape reference cited above provides specific recommendations for treatment of vitreous hemorrhage. The injured worker has known diabetic retinopathy, and the recent medical report documents a vitreous hemorrhage. Some form of retinal surgery may be indicated based on his current condition. The standard treatment is to wait two months for clearing if there is no retinal detachment; otherwise the surgery should be performed immediately. If the presence of retinal detachment is uncertain, the vitrectomy should be performed immediately. Although the actual request was for an unspecified retinal surgery, it is clear from the medical report that a vitreous hemorrhage was detected and that a vitrectomy was planned. In light of the gravity of the condition and the clear intent to perform a vitrectomy, the retinal surgery is medically necessary, with the understanding that this surgery will be vitrectomy.