

Case Number:	CM14-0167045		
Date Assigned:	10/14/2014	Date of Injury:	08/10/2010
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 54-year-old male with a 8/10/10 date of injury. At the time (9/18/14) of the Decision for Polishing, resurfacing scleral cover shell prosthesis, left eye, there is documentation of subjective (left eye pain and watering) and objective (no light perception in the left eye, vernal conjunctivitis noted, and heavy protein on surface of prosthetic left) findings. The current diagnoses include vernal conjunctivitis and conjunctival edema. The treatment to date includes medications. There is no documentation of failure of routine ophthalmic prosthetic care by the patient (storing in water or soft saline solution; routine follow-up of at least once or twice a year to ophthalmologist for polishing/resurfacing; and cleaning prosthesis using antibacterial soap) prior to the requested polishing and resurfacing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polishing, resurfacing scleral cover shell prosthesis, left eye: 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: <http://nationalassociationofocularists.org/faqs.htm> and http://www.aetna.com/cpb/medical/data/600_699/0619.html

Decision rationale: The MTUS and ODG do not address this issue. The Medical Treatment Guideline identifies documentation of failure of routine ophthalmic prosthetic care by the patient (such as alcohol is not used to soak prosthesis; storing in water or soft saline solution. The patient should have routine follow-up of at least once or twice a year to ocularist for polishing/resurfacing; and cleaning prosthesis using antibacterial soap, as criteria necessary to support the medical necessity of polishing and resurfacing of ophthalmic prosthesis. In addition, the Medical Treatment Guideline supports twice-yearly polishing and resurfacing of eye prosthesis. Within the medical information available for review, there is documentation of diagnoses of vernal conjunctivitis and conjunctival edema. However, despite documentation of heavy protein on surface of prosthetic left, there is no documentation of failure of routine ophthalmic prosthetic care by the patient (storing in water or soft saline solution; routine follow-up of at least once or twice a year to ocularist for polishing/resurfacing; and cleaning prosthesis using antibacterial soap) prior to the requested polishing and resurfacing.. Therefore, based on guidelines and a review of the evidence, the request for Polishing, resurfacing scleral cover shell prosthesis, left eye is not medically necessary.