

Case Number:	CM14-0033525		
Date Assigned:	06/20/2014	Date of Injury:	07/27/2012
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 39 year-old male with the diagnosis of ocular hypertension status post selective laser trabeculoplasty (SLT), penetrating keratoplasty in both eyes with history of graft rejection, myopic degeneration with macular scarring, and dry eyes, for whom request is made for follow-up visits 99214 x 4. Per exam dated 11/21/2013, the patient presents for 3 month follow-up for ocular hypertension and is awaiting scleral lenses. Visual acuity with correction is 20/125 right eye (OD) and 20/300 pinhole 20/200 left eye (OS). Intraocular pressure is 16 OD and 14 OS by Tonopen on glaucoma drops: xalatan at bedtime both eyes (OU), combigan twice a day OU, and lotemax twice a day OU. Exam is significant for clear corneal transplants OU, stromal opacity at 7 o'clock OS, and 1+ nuclear sclerosis. Fundus exam documents extensive macular scarring OU, with cup/disc ratio of 0.1? OU (difficult to interpret). Assessment is Ocular hypertension OU in setting of high myopia and penetrating keratoplasty, and intraocular pressure has been stable on current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology follow up visits #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: The patient has reduced vision and discomfort that would necessitate a comprehensive eye examination at level 4 (99214) initially. Depending on the findings of this initial evaluation and management, additional testing and evaluations will likely be needed, and would usually be ordered as indicated during the course of management at each encounter. It is possible that future evaluations may be a lower level (e.g., level 3), and therefore it is not possible to predict the future level of evaluation and management codes. The original UR decision is appropriate to approve one 99214 ophthalmology visit, and request for additional follow-ups based on need for additional testing and complexity of the patient's condition. The request is not medically necessary.