

Case Number:	CM14-0038562		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2012
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Retina and Vitreous Surgery, 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 53-year-old male with the diagnosis of vitreopapillary traction (VPT). The request is made for pars plana vitrectomy and removal of the traction. Per exam dated 12/31/2013, the patient complains of new onset diplopia in the right eye for two months. Visual acuity is 20/50 in the right eye and 20/30+ in the left eye. The exam is significant for a strand of posterior hyaloid attached to the optic nerve with some traction on the nerve as before. There are some rare cuticular drusen in the macula with absence of any thickening. Optical coherence tomography imaging is not noted in this encounter.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITRECTOMY FOR MACULAR PUCKER (RIGHT EYE SURGERY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Retina. Basic and Clinical science course, Section #12. American Academy of Ophthalmology, 2013-4. San Francisco, CA. AAO.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17305740>. Meyer, C. H., Schmidt, J. C., Mennel, S., Kroll, P. (2007). Functional and anatomical results of vitreopapillary traction after vitrectomy. Acta Ophthalmologica Scandinavica. Mar;85(2):221-2. <http://www.ncbi.nlm.nih.gov/pubmed/16476902>. (2006). Hedges, T. R., Flattem, N. L., Bagga,

A. Vitreopapillary traction confirmed by optical coherence tomography. Archives of Ophthalmology. Feb;124(2):279-81.

Decision rationale: The exam documents no thickening of the macula, and therefore without any vitreomacular traction, it is very unlikely to have monocular diplopia within reasonable medical probability. There is no optical coherence tomography documenting vitreomacular traction. The provider agreed in a prior peer-to-peer discussion that vitreopapillary traction on the optic nerve that does not involve the macula is very unlikely to be the etiology of the patient's monocular diplopia. There was a limited history on the encounter of 12/31/2013 as the patient spoke Spanish only and interpreter was not present at that time. Therefore, it is very likely that the patient's symptom of monocular diplopia may be attributed to another condition and not the vitreopapillary traction. As such, the request for vitrectomy for macular pucker (right eye surgery) is not certified.