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| Case Number: | CM14-0040899 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 11/27/2012 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 64 year-old female with the diagnoses of convergence excess, visual spatial and ocular motor deficits, for whom request is made for 16 one hour sessions of vision therapy. The patient has a history of traumatic brain injury, with loss of consciousness, disequilibrium, and vision loss. Per exam dated 3/6/2014, the patient reports less dizziness. Visual acuity at distance with correction is 20/20 right eye and 20/30 left eye; with refraction the left eye improves to 20/25. The patient is noted to have esophoria (over convergence), and reduced vergence amplitude. A slit lamp and dilated fundus exam is unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd unit of vision therapy x 16, one hour sessions: 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 Non-MTUS American Academy of Ophthalmology. Pediatric Ophthalmology/Strabismus Panel. Preferred Practice Pattern Guidelines. Esotropia & Exotropia. San Francisco, CA: American Academy of Ophthalmology; 2007. Available at: <http://www.aao.org/ppp> and on the Non-MTUS Jennings A. Behavioral optometry: a critical review. Optometry Practice 2000; 1:67-78.

Decision rationale: The current peer-reviewed ophthalmic literature does not support the use of vision therapy in the treatment of convergence excess and visuospatial deficits. According to the American Academy of Ophthalmology (AAO), the claim that vision therapy improves visual efficiency cannot be substantiated. While orthoptic vision therapy is not well recognized outside optometric literature and is considered experimental and investigational by ophthalmologists and others in the medical community, this conclusion is not limited to those in the medical field. The United Kingdom's College of Optometrists commissioned a report (Jennings, 2000) to critically evaluate the theory and practice of behavioral optometry (vision therapy). The report which followed concluded that there was a lack of controlled clinical trials to support behavioral management strategies. The available evidence was reviewed under ten headings: (1) vision therapy for accommodation/vergence disorders; (2) the underachieving child; (3) prisms for near binocular disorders and for producing postural change; (4) near point stress and low-plus prescriptions; (5) use of low-plus lenses at near to slow the progression of myopia; (6) therapy to reduce myopia; (7) behavioral approaches to the treatment of strabismus and amblyopia; (8) training central and peripheral awareness and syntonics; (9) sports vision therapy; (10) neurological disorders and neuro-rehabilitation after trauma/stroke. The report found a continued lack of controlled trials in the literature to support behavioral optometry approaches. With the exception of the treatment of isolated convergence insufficiency and the use of prisms and visual rehabilitation in patients with brain disease/injury, the large majority of behavioral management approaches was not found to be evidence-based, therefore the request is not medically necessary.