

Case Number:	CM14-0040998		
Date Assigned:	07/02/2014	Date of Injury:	05/08/1997
Decision Date:	11/03/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 61 year old female who developed a cumulative trauma on 05/08/1998. The patient underwent left eye cataract removal with intra-ocular lens implant on 02/02/2005 and right eye cataract removal and lens implant on 06/28/2005. The reports that were submitted give very little information about the patient's condition. On follow up report dated 10/29/2013, the patient was noted to have undergone cataract surgery on both eyes which was felt to be related to the use of steroids that were used to treat her orthopedic conditions. She reported the surgery helped to improve her vision. On 04/02/2013, the patient underwent additional treatment for her eyes, those treatments were not listed. She developed Staph aureus in her eyes from these treatments and it is also noted that the patient suffers from chronic blepharitis. The concern is whether or not the patient's condition is industrial or non-industrial as it pertains to her eye condition. There were no eye exams provided documenting measurable objective findings to support the subjective complaints; neither were there any indications for the request listed below. Prior utilization review dated 02/25/2014 states the requests for Toric contact lens, left and Spherical contact lens, right are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toric contact lens, left: 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://optometry.berkeley.edu/class/opt260a/othertopics_pp/prelim.htm

Decision rationale: There is insufficient information and lack of ophthalmological records to indicate injury to the eyes from the 1998 accident that would have caused medical necessity for contact lenses. Therefore, this request is not medically necessary.

Spherical contact lens, right: 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://optometry.berkeley.edu/class/opt260a/othertopics_pp/prelim.htm

Decision rationale: There is insufficient information and lack of ophthalmological records to indicate injury to the eyes from the 1998 accident that would have caused medical necessity for contact lenses. Therefore, this request is not medically necessary.