

Case Number:	CM14-0055272		
Date Assigned:	10/06/2014	Date of Injury:	02/15/2013
Decision Date:	11/04/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 37 year-old female with a date of injury on 2/15/2013, in which she was kicked in the left eye with a toe. The patient developed an ocular contusion and choroidal rupture. Request is made for medical services including office visits, fundus photography x 3, fluorescein angiography x 6, optical coherence tomography x 3, extended ophthalmoscopy x 6, indocyanine green (ICG) x 6, and iris fluorescein angiography x 3. On exam dated 5/1/2014, the patient states the vision is stable in both eyes. Visual acuity is 20/25 right eye (OD) and 20/200 pinhole to 20/60 left eye (OS). Exam is significant for normal iris both eyes (OU), drusen with pigmentary changes OD, and disciform scar OS on dilated fundus exam. Assessment is choroidal rupture OS, blunt eye trauma OS, chorioretinal scar OS, and central serous OD s/p photodynamic therapy. Plan is to monitor and follow-up in 6 months. No treatment is administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit with two follow ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: eMedicine, Choroidal Rupture <http://emedicine.medscape.com/article/1190735-followup>

Decision rationale: The patient's condition is stable per last encounter - follow-ups are indicated as necessary based on patient's exam findings and symptoms.

Fluorescein angiography/OU times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: eMedicine, Choroidal Rupture <http://emedicine.medscape.com/article/1190735-followup>

Decision rationale: Additional testing is indicated if there is a change in the patient's condition and should the situation become necessary for this patient. Per the last encounter, the patient's condition is stable.

Extended Ophthalmology times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Comprehensive adult medical eye evaluation.

Decision rationale: Additional testing is indicated if there is a change in the patient's condition and should the situation become necessary for this patient. Per the last encounter, the patient's condition is stable.

Fundus photography times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Comprehensive adult medical eye evaluation.

Decision rationale: Additional testing is indicated if there is a change in the patient's condition and should the situation become necessary for this patient. Per the last encounter, the patient's condition is stable.

OCT/OU times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: American Academy of Ophthalmology (AAO). Preferred Practice Pattern. Comprehensive adult medical eye evaluation.

Decision rationale: Additional testing is indicated if there is a change in the patient's condition and should the situation become necessary for this patient. Per the last encounter, the patient's condition is stable.

ICG angiography times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: Choroidal neovascularization workup
<http://emedicine.medscape.com/article/1190818-workup#a0720>

Decision rationale: Additional testing is indicated if there is a change in the patient's condition and should the situation become necessary for this patient. Per the last encounter, the patient's condition is stable.

Iris Fluorescein angiography time 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Eye Medical Evaluation, Preferred Practice Pattern, AM Acad Ophthalmol & quot

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: Iris fluorescein angiography in clinical practice. Brancato R1, Bandello F, Lattanzio R. *Surv Ophthalmol.* 1997 Jul-Aug;42(1):41-70.

Decision rationale: The patient has no iris abnormalities on exam. Indication for iris angiography is not documented in the notes provided.