

Case Number:	CM14-0073284		
Date Assigned:	07/16/2014	Date of Injury:	10/14/2008
Decision Date:	11/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 53 year old male who was injured on 10/14/2008 when he fell down a flight of stairs. His prior treatment history has included amlodipine, Alprazolam, and Vicodin. According to the UR, the patient was seen on 04/30/2014 for persistent blurred vision and dizziness. He noted he has discomfort with movement with objects or people moving in the periphery and when he shifts gaze. He reported bumping into things, headaches, light sensitivity, tired eyes, eye pain or soreness, itchiness, and blurred vision near. His exam revealed right eye screening fields were restricted. Unaided VA was OD 20/25 20/80 Ortho and OS 20/40 20/100; OU 20/25, NPC Nose. He was diagnosed with anisometropia, visuospatial defect and convergence insufficiency or palsy. He was recommended for bifocal lens, polycarbonate lens, transition lens, and frame. Prior utilization review dated 05/07/2014 states the request for Glasses - Bifocal Lens; Polycarbonate Lens, Transition Lens is modified to certify bifocal lens, polycarbonate lens, transition lens to allow for glasses-bifocal lens and polycarbonate lens only on a medial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glasses - Bifocal Lens; Polycarbonate Lens, Transition Lens: 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 Official Disability Guidelines (ODG) Head, Vision Evaluation

Decision rationale: The medical records provided do not indicate trauma to the eyes at the time of the industrial injury in 2008. Therefore, the myopia that is detected by the optometrist in 2014 is not related to the industrial work related injury. Similarly presbyopia is an age-related condition and the request for bifocals to read at near is not related to the accident. Finally, the reports indicate the patient complains of intermittent blurring of vision, which may have a wide range of causes, including the side-effects of some of the pain medicines that he is being prescribed and not necessarily related to needing glasses. Thus, the request is not medically necessary.