

<b>Case Number:</b>	CM14-0091559		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for traumatic cataract, vitreous hemorrhage, and iris atrophy reportedly associated with an industrial injury of March 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications and earlier capsulotomy surgery. In a Utilization Review Report dated June 9, 2014, the claims administrator partially certified a request for a detailed follow-up visit with an ophthalmologist to an office visit alone, invoking non-MTUS ODG Guidelines. The claims administrator stated that a detailed followup is not indicated as the applicant was reportedly stable. The applicant's attorney subsequently appealed. In a November 19, 2013 note, the applicant was described as status post ruptured globe, surgical repair of the same, and cataract extraction surgery. The applicant was on ophthalmic Acular, Pred Forte, and Vigamox, it was noted. Visual acuity of 20/25-1 about the right eye versus 21/20 about the left eye. The attending provider performed an external eye exam and an anterior segment exam but did not apparently perform a fundus exam. Pred Forte and Acular were apparently renewed. The applicant was described as doing well following the surgical procedure in question and was asked to follow up to obtain suture removal. In a February 18, 2014 office visit, the applicant was described as following up on his iris atrophy and traumatic cataract. The applicant was having issues with floaters, particularly when he looks straight ahead. The applicant's visual acuity was 20/50 about the right eye pinholing to 20/40 versus 20/20 about the left eye. The attending provider performed an external eye exam and an anterior segment exam as well as a fundus exam. The attending provider stated that the applicant was still having significant sunlight sensitivity and likely needed a more detailed exam to assess higher order aberrations possibly related to the pupil size.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detailed Follow up visit with the Ophthalmologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 427.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 16, Table 16-4, various techniques can be employed to identify and define ocular pathology, including history, physical examination, visual acuity testing, funduscopy, fluorescein staining, slit-lamp examination, and tonometry. In this case, the applicant has a variety of issues involving the eye, including diminished visual acuity, apparent pupillary abnormalities, and a traumatic cataract. The applicant was using a variety of ophthalmic medications. The applicant may be a candidate for further interventions involving the eye in question. A detailed follow-up visit is indicated, particularly in light of the fact that the attending provider has suggested that the applicant's visual issues, including visual acuity, cataracts, floating, and pupillary abnormalities, do not appear to be trending toward resolution, contrary to what was suggested by the claims administrator. Therefore, the request is medically necessary.