MAXIMUS Federal Services

Case Number:	CM14-0099403		
Date Assigned:	07/28/2014	Date of Injury:	08/16/2011
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 Opthamalogy 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 67 year old male who was injured on 08/16/2011. The mechanism of injury is unknown. Progress report dated 07/14/2014 indicates the patient presented with double vision, diplopia. He has right nerve palsy of the right eye. Objective findings on exam revealed right eye 20/25 and left eye 20/30; external eye exam revealed normal lid for age; pupil is PERRL bilaterally. Ocular motility is EOMI. Right eye revealed -0.50; +0.25 x175 add +2.50; Left eye -2.00; +1.25 x165 add +2.50. Remaining exam is normal. The patient is diagnosed with diplopia and esotropia. Prior utilization review dated 05/29/2014 states the requests for 1 OCT Macula; 1 Visual Field Test is denied as they are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OCT Macula: 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) Vision Screening ODG, Section Diabetes: Other Medical Treatment Guideline or Medical Evidence: http://www.amdbook.org/content/optical-coherence-tomography-age-related-macular-degeneration American Academy of Ophthalmology, preferred practice patterns; www.aao.org.

Decision rationale: The American Academy of Ophthalmology Preferred Practice Patterns recommends OCT macula only for indicated conditions including disorders of the macula on exam or for high suspicion for disorders involving the macula not evident on exam. Patient's medical records document best corrected visual acuities of 20/20 in each eye and normal contours of macula on examination. There is no indication stated by the clinicians examining the patient or as part of the exam findings to warrant the performance of OCT macula. Therefore, the request for 1 OCT Macula is not medically necessary and appropriate.

1 Visual Field Test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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://nist.gov/el/isd/ks/upload/Visual_Acuity_Standards_1.pdf American Academy of Ophthalmology, preferred practice patterns; www.aao.org.

Decision rationale: American Academy of ophthalmology guidelines and their preferred practice patterns indicate borderline cup-to-disc ratio of 0.4 or higher and asymmetric intraocular pressures as possible risk factors for glaucoma. Although the exam documents reviewed do not indicate that any of the ophthalmologists considered the diagnosis of glaucoma or glaucoma suspect, the exam findings of asymmetric intraocular pressures in June 2013 and the reported borderline cup-to-disc ratios warrant a baseline visual examination. Based on the guidelines noted above as well as the clinical documentation stated above, the request is medically necessary.