

Case Number:	CM14-0187426		
Date Assigned:	11/17/2014	Date of Injury:	12/07/2012
Decision Date:	01/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in California and Texas. 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:

This is a 49 year old female patient who sustained a work related injury on 12/7/12. Patient sustained the injury when she was involved in a motor vehicle accident. The claimant had a head injury and traumatic brain injury with subarachnoid hemorrhage followed by blurred vision, dizziness and light sensitivity. She suffered a traumatic left brachial plexus lesion and has no control of her left upper extremity. She also sustained multiple fractures to her pelvis as well as a compound fracture of the left tibia, fracture of the right femur, and fracture in her foot at the metatarsal. The current diagnoses include traumatic closed head injury with subarachnoid hemorrhage, right anterior frontal distribution, bilateral frontal parietal diffuse axonal injury and left upper extremity plexopathy. Per the doctor's note dated 9/2/14, patient had complaints of nerve pain in her left hand and dorsal arm; the pain is worse when she sits up. She needed help doing her hair and lifting items at the market or putting items into and out of the car. Physical examination revealed atrophy in hand, grade 2 subluxation of the left shoulder, a soft palp mass in the biceps area, pain associated with range of motion and palpation at the shoulder girdle and also at the dorsal hand, left forearm burn was healed, left leg had a palpable nodule on the left medial shin, right upper and lower extremity 5/5 strength, diminished sensation in the left forearm and hand and no motor control of the left upper extremity, 0/5 strength of the deltoid, biceps, triceps, and grip and deep tendon reflex (DTR) were absent. Per the agreed medical examiner (AME) report dated 07/17/14 the claimant had decreased visual acuity with respect to near sight secondary to aging. The claimant underwent comprehensive neuropsychological testing on 07/17/14. The claimant wore store-bought reading glasses, which the claimant states adequately compensate for the visual acuity difficulties. The claimant endorsed adequate perception of all visual stimuli during testing. The patient was examined in January 2014 then again in February 2014 for a follow-up. The patient was provided with glasses and was paid for

in June 2014. The current medication lists include Neurontin, Lyrica, Duragesic, Cymbalta, Celebrex, Maxalt and Miralax. She is considering amputation of her arm and says that [REDACTED] has recommended that diagnostic imaging reports were not specified in the records provided. The patient's surgical history include closed reduction and fixation of multiple pelvic fracture of the right acetabulum on December 28, 2012; open reduction and internal fixation (ORIF) of left tibial fracture; open reduction internal fixation of the Right metatarsal fracture. Any operative/ or procedure note was not specified in the records provided the patient has received an unspecified number of the physical therapy (PT) visits for this injury. She was wearing a shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refraction: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye (updated 12/22/14) Office visits Head (updated 12/05/14) Vision evaluation

Decision rationale: American College of occupational and Environmental Medicine (ACOEM) / Official Disability Guidelines (ODG) guidelines do not specifically address this issue. As per cited guideline "Vision evaluation: Recommended. Vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders." Per the agreed medical examiner (AME) report dated 07/17/14 the claimant had decreased visual acuity with respect to near sight secondary to aging. The claimant underwent comprehensive neuropsychological testing on 07/17/14. The claimant wore store-bought reading glasses, which the claimant states adequately compensate for the visual acuity difficulties. The claimant endorsed adequate perception of all visual stimuli during testing. The patient was examined in January 2014 then again in February 2014 for a follow-up. The patient was provided with glasses and was paid for in June 2014. Any significant error in refraction was not specified in the records provided. Rationale for repeating refraction was not specified in the records provided. The medical necessity of the request for refraction is not fully established in this patient.

Sensory motor testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye (updated 12/22/14) Office visits Head (updated 12/05/14) Vision evaluation

Decision rationale: American College of occupational and Environmental Medicine (ACOEM) / Official Disability Guidelines (ODG) guidelines do not specifically address this issue. As per cited guideline "Vision evaluation: Recommended. Vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders." Per the agreed medical examiner (AME) report dated 07/17/14 the claimant had decreased visual acuity with respect to near sight secondary to aging. The claimant underwent comprehensive neuropsychological testing on 07/17/14. The claimant wore store-bought reading glasses, which the claimant states adequately compensate for the visual acuity difficulties. The claimant endorsed adequate perception of all visual stimuli during testing. The patient was examined in January 2014 then again in February 2014 for a follow-up. The patient was provided with glasses and was paid for in June 2014. Any significant error in refraction was not specified in the records provided. The current visual acuity was not specified in the records provided. The medical necessity of the request for Sensory motor testing (related to the eyes) is not fully established in this patient.

Extended ophthalmoscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye (updated 12/22/14) Office visits Head (updated 12/05/14) Vision evaluation

Decision rationale: American College of occupational and Environmental Medicine (ACOEM) / Official Disability Guidelines (ODG) / guidelines do not specifically address this issue. As per cited guideline "Vision evaluation: Recommended. Vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders." Per the agreed medical examiner (AME) report dated 07/17/14 the claimant had decreased visual acuity with respect to near sight secondary to aging. The claimant underwent comprehensive neuropsychological testing on 07/17/14. The claimant wore store-bought reading glasses, which the claimant states adequately compensate for the visual acuity difficulties. The claimant endorsed adequate perception of all

visual stimuli during testing. The patient was examined in January 2014 then again in February 2014 for a follow-up. The patient was provided with glasses and was paid for in June 2014. Any significant error in refraction was not specified in the records provided. The medical necessity of the request for extended ophthalmoscopy is not fully established in this patient.

Visual field: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye (updated 12/22/14) Office visits Head (updated 12/05/14) Vision evaluation

Decision rationale: American College of occupational and Environmental Medicine (ACOEM) / Official Disability Guidelines (ODG) guidelines does not specifically address this issue. As per cited guideline "Vision evaluation: Recommended. Vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders." Per the agreed medical examiner (AME) report dated 07/17/14 the claimant had decreased visual acuity with respect to near sight secondary to aging. The claimant underwent comprehensive neuropsychological testing on 07/17/14. The claimant wore store-bought reading glasses, which the claimant states adequately compensate for the visual acuity difficulties. The claimant endorsed adequate perception of all visual stimuli during testing. The patient was examined in January 2014 then again in February 2014 for a follow-up. The patient was provided with glasses and was paid for in June 2014. Any significant error in refraction was not specified in the records provided. The medical necessity of the request for Visual field is not fully established in this patient.

Medical report: 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) - TWC, Evaluation and Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Patient sustained the injury when she was involved in a motor vehicle accident. The claimant had a head

injury and traumatic brain injury with subarachnoid hemorrhage followed by blurred vision, dizziness and light sensitivity. Per the agreed medical examiner (AME) report dated 07/17/14 the claimant had decreased visual acuity with respect to near sight secondary to aging. The claimant underwent comprehensive neuropsychological testing on 07/17/14. The claimant wore store-bought reading glasses, which the claimant states adequately compensate for the visual acuity difficulties. The claimant endorsed adequate perception of all visual stimuli during testing. The patient was examined in January 2014 then again in February 2014 for a follow-up. The patient was provided with glasses and was paid for in June 2014. This is a complex case. A medical report is deemed medically appropriate and necessary.