

Case Number:	CM14-0191596		
Date Assigned:	11/25/2014	Date of Injury:	02/04/2014
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 th

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 injured worker is a 47 year female with a date of injury of February 4, 2014. Results of the injury include cervical pain, headaches with emphasis on the right eye and associated burning in the ear. Other problems associated with the injury consisted of binocular instability. Diagnosis include cervical/thoracic spine sprain/strain, cervical/thoracic spine muscle spasms, concussion/brief LOC, tinnitus, cervical thoracic spine segmental dysfunction, cervical spine DJD/DDD, headaches, and dizzy/lightheaded. Chiropractic treatment showed a 75 % improvement. Most recent progress note dated August 6, 2013 showed muscle spasm and tenderness of the cervical spine with decreased range of motion. Treatment plan included chiropractic treatment including spinal manipulation electrical muscle stimulation with cryotherapy, intersegmental traction, and ultrasound with deep tissue massage. Utilization review form dated October 21, 2014 modified a request for vision rehabilitation therapy for 10 sessions according to Aetna guidelines. 09/29/14 ophthalmology report states that this current injury caused a return of many symptoms the patient had earlier, headaches with emphasis on the right eye and associated burning in the ear. The identified problems are with binocular stability and central/peripheral visual integration and visual perceptual testing showed a special relations and sequential memory were below 50th percentile. The physician states recommendations to continue visual rehab therapy to build up her reserve abilities, increased visual and this did let integration stamina. Review of records reveals that the initial evaluation on 02/25/14 showed that the vision with current glasses is 20/20 in each eye and no change in prescription. Fixation disparity, which measures the stability of the image on the area of central vision, showed a small instability, vertically. Pupils showed a small mildly abnormal response on the right eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vision Rehabilitation Therapy for 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna (http://www.aetna.com/cpb/medical/data/400_499/0489.html)

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: AETNA Clinical Policy Bulletins, Vision Therapy

Decision rationale: The medical necessity for the request has not been established. The patient underwent 12 sessions of visual rehab. However, the physician does not provide quantifiable documentation of improvement, or a comparative evaluation to establish the efficacy of the therapy administered. Ongoing therapy without evidence of its efficacy does not appear medically reasonable. In addition, Aetna considers up to 12 vision therapy visits or sessions medically necessary for treatment of convergence insufficiency. Aetna considers vision therapy experimental and investigational for all other indications. Therefore, the request is not medically necessary