

Case Number:	CM14-0033521		
Date Assigned:	06/20/2014	Date of Injury:	07/27/2012
Decision Date:	01/13/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

This is a 39-year-old male with a 7-27-2012 date of injury. A specific mechanism of injury was not prescribed. 2/25/14 determination was modified given that the patient may require multiple events of the same test or multiple tests. However, the usual mode of operation is to perform a set of the right eye and left eye of a particular test as a single event with the code which includes both eyes as a single event when appropriate, or only includes one eye when that is appropriate, as with a monocular patient. The original request included fundus photography, both eyes 92250 x 8, computerized imaging both eyes 92134 x 8, fluorescein angiography both eyes 92235 x 8, ophthalmoscopy both eyes 92225 x 8, and ophthalmic ultrasound both eyes x 8. The certified modification included fundus photography, both eyes 92250, computerized imaging both eyes 92134, fluorescein angiography both eyes 92235, ophthalmoscopy both eyes 92225, and ophthalmic ultrasound both eyes 76512. 11/5/13 ophthalmologic report by [REDACTED] identified that the patient is s/p penetrating keratoplasty both eyes in Mexico 2006; s/p penetrating keratoplasty graft rejection both eyes, left > right- resolved 3/4/13. The patient also has a history of ocular hypertension followed by [REDACTED]; dry eyes, Schirmer's with anesthesia 7mm right eye, 8mm left eye 2/7/12. Punctual stenosis right lower lid and right upper lid, punctual plug in place left lower lid 12/14/14, and left upper lid 1/14/13. Opacity in the inferior nasal quadrant, treated with vancomycin, Vigamoz, and voriconazole since 9/4/12, last dose of voriconazole 11/16/12, resolved. Mild cataract both eyes. C-R scar/macular scar and staphyloma both eyes, degenerative myopic changes, evaluation by [REDACTED] 6/12/13 recommended follow-up 1 year. Imaging done includes pachymetry 430 micron right eye, 480 micron left eye 7/19/10; pachymetry 472 micron right eye, 499 micron left eye 2/7/12; photo left eye 8/30/12 and 9/25/12. Chief complaint was blurred vision both eye. Visual acuity 20/150 pinhole no improvement, bilaterally with correction. Intraocular pressure right eye 15, left eye

16. Mild conjunctive and sclera injection. Cornea with penetrating keratoplasty clear graft, mild punctate epithelia erosion superonassally on the right and mild peripheral vascularization; on the left there is a penetrating keratoplasty graft non-light blocking stromal opacity at 7 o'clock with no edema but with stromal loss, no epithelial defect, mild peripheral vascularization. Anterior chamber deep with very rare cells on the right; on the left deep and quiet. Lens with mild nuclear sclerosis bilaterally. Diagnoses include myopia, rhegmatogenous retinal detachment, keratoconus, ocular hypertension, corneal edema, eye pain, cataract, hypertension, and hypercholesterolemia. Recommendations include to continue medications and follow-up in 4 months. 11/21/13 ophthalmoscopy evaluation by [REDACTED] identified fundus exam with extensive macular scarring OU, C/D 0.1 OU, difficult to interpret nerves. Ovalized, myopic with large PPA. GVF 8/13 OD inferonasal defect, similar to 2011 field, didn't test 13e as in 2012. OS sup baring of blind spot 14e with constriction, no 13e isopter, slightly smaller 14e from 2011. Additional GVF tests are noted from 2013, 2011, 2010, 2009. It was noted that photos from 5 months prior were brought but they were blurry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized ophthalmic imaging both eyes: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: LCD for Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L28488) http://apps.ngsmedicare.com/lcd/LCD_L28488.htm

Decision rationale: Literature states that methods medically necessary for documenting the appearance of the optic nerve head and retina in persons with glaucoma, glaucoma suspects. This patient has glaucoma and several additional eye conditions that would require follow-up and necessary treatment. At the time of the prior determination a request was made for x8 tests and was modified to a single study. A single study as modified at the time of prior determination and a requested in the context of this review is medically necessary.

Fluorescein Angioscopy, both eyes: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Clinical Policy Bulletin: Indocyanine Green Angiography. http://www.aetna.com/cpb/medical/data/100_199/0111.html

Decision rationale: Literature indicates that the clinical indications for fluorescein angiography includes evaluation of the optic disc, retinal vascular disease, macular disease, and ocular tumors. There is documented extensive macular scarring OU on fundus exam. There is an indication of difficulty evaluating the nerves. Additional testing is required for appropriate evaluation and treatment of the patient's current condition. At the time of the prior determination a request was made for x8 tests and was modified to a single study. A single study as modified at the time of prior determination and a requested in the context of this review is medically necessary.

Ophthalmoscopy, both eyes: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: LCD for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L25466) http://apps.ngsmedicare.com/lcd/LCD_L25466.htm

Decision rationale: Ophthalmoscopy is indicated for a variety of disorders including macular degeneration. There is documentation of extensive macular scarring. In addition, extended ophthalmoscopy is indicated when the level of examination requires a complete view of the posterior segment of the eye and documentation is greater than that required for general ophthalmoscopy. There was difficulty in assessing the patient's nerves on fundus exam, and there is a necessity of additional evaluation given reports of blurred vision. At the time of the prior determination a request was made for x8 tests and was modified to a single study. A single study as modified at the time of prior determination and a requested in the context of this review is medically necessary.

Ophthalmic ultrasound, both eyes: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: B-scan ultrasound is most useful when direct visualization of intraocular structures is difficult or impossible. Situations that prevent normal examination include lid problems (eg, severe edema, partial or total tarsorrhaphy), keratoprosthesis, corneal opacities (eg, scars, severe edema), hyphema, hypopyon, miosis, pupillary membranes, dense cataracts, or vitreous opacities (eg, hemorrhage, inflammatory

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vitreous opacities (eg, hemorrhage, inflammatory debris). As mentioned, the patient has multiple eye conditions with a prior keratoplasty with graft rejection, cataract, mild edema, all of which will prevent an appropriate evaluation of intraocular structures. At the time of the prior determination a request was made for x8 tests and was modified to a single study. A single study as modified at the time of prior determination and a requested in the context of this review is medically necessary.

Fundus photography, both eyes: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: LCD for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L25466) http://apps.ngsmedicare.com/lcd/LCD_L25466.htm

Decision rationale: Fundus photography may be used for the diagnosis of conditions such as macular degeneration, retinal neoplasms, choroid disturbances and diabetic retinopathy, glaucoma, multiple sclerosis or other central nervous system anomalies. The patient had extensive macular scarring on fundus exam, which would require further evaluation and close monitoring. There is an indication of prior photos that were blurry. Given the patient's condition, it would be appropriate to perform a photography for staging/monitoring purposes. At the time of the prior determination a request was made for x8 tests and was modified to a single study. A single study as modified at the time of prior determination and a requested in the context of this review is medically necessary.