

Case Number:	CM14-0064219		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2003
Decision Date:	05/19/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Ophthalmology

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 56-year-old male, who sustained an industrial injury on 12/24/03. The Supplemental Agreed Medical Evaluator (AME) ophthalmology evaluation and report dated 1/22/14 noted that the injured worker on 7/18/12 had surgery on his eye that was now straight and on 7/9/13 had surgery on his right upper lid so it does not droop anymore. The documentation noted that he had a punctal plug placed in the right lid. The Supplemental Medical Evaluation dated 3/27/14 noted that the injured worker is using prednisolone acetate once a day and topical lubricating drops every two hours and uses gel at bedtime. The ocular examination revealed a visual acuity of count fingers in the right eye and 20/20 in the left eye. The remainder of the examination revealed a clear corneal transplant with some epithelial disease; the stroma was clear; the anterior chamber was clear and there were two externalized prolene sutures that were holding the sutured intraocular lens in place and the intraocular pressure was 13. The request was for 1 left laser scan retina and 1 left ophthalmoscopy. As mentioned above, the key question is whether extended ophthalmoscopy and OCT of the left eye (the contralateral eye) was indicated when the patient was being evaluated for a retinal problem (epiretinal membrane) in the right eye. The patient did not have any complaints about the left eye and the records do not indicate that any retinal abnormalities had been noted in the left eye on dilated exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left ophthalmoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Optometric Association.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: Ophthalmoscopy (Extended) is a more thorough examination of the retina often involving scleral depression and detailed drawings. This is indicated when there is suspicion of retinal disease, which cannot be easily detected or thoroughly documented with routine dilated ophthalmoscopic examination. In this case, there is no evidence in the medical records to indicate that the patient had any complaints in his left eye. Also, there is no evidence that the initial dilated ophthalmoscopic examination revealed any pathology in the left eye. Likewise, the retinal pathology of the right eye was not such that the risk of pathology in the left eye would be higher (i.e. it was due to trauma which is not a bilateral disease). Therefore, performing extended ophthalmoscopy in the left eye was not medically necessary and routine dilated ophthalmoscopic exam was sufficient.

1 left laser scan retina: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Austin, Roorda, PHD. Applications of Adaptive Optics Scanning Laser Ophthalmoscopy Optom Vis. Sci.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Pattern.

Decision rationale: OCT (optical coherence tomography) is now a routine part of examining retinal (macular) pathology. As above, there was no evidence of retinal/macular pathology in the left eye and the patient had near 20/20 vision with no subjective complaints. Therefore, performing an OCT examination of the left eye (the healthy eye) was not medically necessary (unless the pathology of the right was highly suggestive that the left eye may also have occult pathology - which was not the case here).