

Case Number:	CM15-0003279		
Date Assigned:	01/14/2015	Date of Injury:	11/25/2013
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 11/25/13. She has reported right knee pain. The diagnoses have included right knee medial meniscus tear and diabetes. Treatment to date has included diagnostic studies, oral medications and physical therapy. As of the PR2 on 12/9/14, the injured worker is reporting loss of vision due to reparative eye strain and exposure to hazardous chemicals. The treating physician is requesting an evaluation and treatment by an ophthalmologist. On 12/30/14 Utilization Review non-certified a request for an evaluation and treatment by an ophthalmologist. The UR physician cited the MTUS/ACOEM guidelines for specialty consultations. On 1/7/15, the injured worker submitted an application for IMR for review of an evaluation and treatment by an ophthalmologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment by a ophthalmologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with right knee pain rated at 8-9/10 that worsens at night. The request is for EVALUATION AND TREATMENT BY A OPHTHALMOLOGIST. The request for authorization is dated 08/22/14. Patient continues with home exercise program (VMO) daily. Patient has had physical therapy in the past. Patient has had injections in the past. Patient's medications include Mobic and Omeprazole. MRI of the right knee 08/12/14 shows complex tearing of the posterior horn of the medial meniscus. Per progress report dated 12/09/14, patient complains of loss of vision due to repetitive strain of her eyes and one of her co-workers purposely splashed a hazardous chemical in her eyes. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Per progress report dated 12/09/14, treater's reason for the request is "due to loss of vision & injury to her eyes." In this case, based on the patient's symptoms, a consultation would be reasonable and within guidelines. An ophthalmologist may help diagnose and manage the condition effectively. The treater indicates repetitive eye strain and exposure to chemicals at work. Labor code 9792.6 defines Utilization Review Standards and Definitions and states, "Utilization review does not include determinations of the work-relatedness of injury or disease." Although causation may be an issue, this is outside of UR purview, and the current request for ophthalmology consult IS medically necessary.