

Case Number:	CM15-0004941		
Date Assigned:	01/16/2015	Date of Injury:	03/18/2013
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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 was a 58 year old male, who sustained an industrial injury, March 18, 2013. The injured worker fell down stairs and bumped his head. According to the progress note of June 13, 2014, the injured worker's chief complaint was low back pain shooting down the right lower extremity after a fall. The injured worker was also complaining of right hip, knee and leg. The injured worker was complaining of blurred vision in the right eye. The injured worker was diagnosed with low back pain; lumbar sprain and right shoulder complete rupture of rotator cuff. The injured worker was being treated with Norco, prednisone, trazodone, laboratory studies, ambulates with an assistive device and the walks three blocks. On July 25, 2014, the injured worker had an eye exam. On December 15, 2014, the primary treating physician requested an ophthalmology consultation for possible right eye surgery. On December 22, 2014 the UR denied authorization for an Ophthalmology consultation. The denial was based on the MTUS ACOEM guidelines for the Eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 418. Decision based on Non-MTUS Citation Official Disability Guidelines

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 was injured on 03/18/13 and presents with increasing low back pain with shooting pain down the right lower extremity, right shoulder pain, knee pain, leg pain, and a blurred vision on the right. The request is for an OPTHALMOLOGY CONSULTATION. A 12/15/14 RFA is provided and the patient is currently on a modified work duty with restrictions of no lifting or carrying over 10 pounds, no repetitive bending, and no overhead activities. The utilization review denial rationale is that there was no symptoms of red eye and there was no evidence of chemical burns, intraocular infections, globe ruptures, or perforations, or acute glaucoma. ACOEM Practice Guidelines, 2nd edition (2004), page 127, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The 12/03/14 report indicates that the patient may possibly have surgery in each eye. In this case, the treator is concerned for the patient's eyes and the patient may have surgery in the near future. Given the patient's eye problems, a second opinion appears medically reasonable. The requested ophthalmology consultation IS medically necessary.