

Case Number:	CM15-0100715		
Date Assigned:	06/03/2015	Date of Injury:	04/06/2012
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 59 year old male, who sustained an industrial injury on 04/06/2012. He has reported injury to the left eye and right eye. The diagnoses have included ectropion left lower lid; symblepharon, left eye; and status post excision of the symblepharon with coverage with an Ambio graft and mitomycin, left eye, on 01/13/2015. Treatment to date has included medications, diagnostics, and surgical procedure. Medications have included Norco and Tobramycin ointment. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of a lot of discharge from the left eye; feels like he may have an infection; itching and burning; has started working; and he is using glasses to protect eye. Objective findings included status post symblepharon excision left eye; and need to fix ectropion. The treatment plan has included the request for ectropion repair of the left lower lid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ectropion repair of the left lower lid: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter. Decision based on Non-MTUS Citation American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) <http://www.asoprs.org/14a/pages/index.cfm?pageid=3650>.

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: The patient has clearly suffered an injury to the eyelid and conjunctiva on the left side. He has recently undergone symblepharon repair but continues to have eyelid malposition, which likely is contributing to their tearing. Repair of the eyelid malposition is medically necessary; however, extent of ectropion and the surgical plan have not been documented very well.