

Case Number:	CM15-0102402		
Date Assigned:	06/04/2015	Date of Injury:	10/28/2011
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old male, who sustained an industrial injury on October 28, 2011. He sustained a significant head injury. The injured worker was diagnosed as having ocular dysfunction, binocular dysfunction (vertical disparity), visual discomfort/ocular fatigue, headaches, presbyopia, and traumatic brain injury. Diagnostic studies were not included in the provided medical records. Treatment to date has included psychotherapy, neuropsychiatric rehabilitation, occipital steroid injections, nerve block injections, and medications including anti-epilepsy, antidepressant, antipsychotic, anti-anxiety, oral pain, anti-migraine, non-steroidal anti-inflammatory, anti-vertigo, growth hormone, and topical pain. On April 23, 2015, the treating ophthalmologist noted the injured worker has been participating in vision therapy since September 2013. Since his last exam in January 2015 his visual system has improved. The injured worker is recognizing more areas of concern since being more active. He reports difficulty changing focus from distance to near: causes nausea, decreased balance, bumps into objects when walking: has shown improvement, but he needs all of the lights on at night, avoids reading and near point work: has shown improvement, increased from 5 minutes to 10-15 minutes with resting intervals, headaches from doing near point work: has decreased to tension above eyebrows, and words move on the page when reading: has improved, but still lacks comprehension. The ocular exam revealed corrected distance visual acuity: right eye = 20/20 and left eye = 20/20 and Near: right eye = 20/20 and left eye = 20/25. Distance: 3 diopters esophoria and Near: 6 diopters esophoria. The injured worker converges to 10 inches where the target doubles, and he recovers single vision at 12 inches. The injured worker's ocular motility has digressed. He originally had discomfort in down gaze and inferior left gaze. There was still a V pattern where his left eye kicks out in superior gaze; causing double vision. He reports that the

pain is reduced. His pupils were round and respond to direct and consensual stimulation. There was no afferent pupillary defect present. The requested treatments include 16 sessions of vision therapy and 3 month post-vision therapy follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) vision therapy sessions: Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmed/12036500>; Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.1, Functional Improvement Definition.

Decision rationale: This claimant had a severe head injury in October 28, 2011. He had ocular dysfunction. He has been in vision therapy since 2013. As of January 2015, he did have improvement. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. While there is some improvement noted with the regimen, the therapy has been rendered for two years now. It is not clear why the patient has not been transitioned to independent home vision exercises. Therefore, MTUS criteria are not met to continue the services. The request is not medically necessary.

Three (3) month post-VT follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back and various chapters, office visits.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding office visits, the ODG notes: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care

provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. While there is some improvement noted with the regimen, the therapy has been rendered for two years now. It is not clear why the patient has not been transitioned to independent home vision exercises. The ongoing therapy itself was non-certified in a separate review, therefore, the role for a post-therapy evaluation is not established. Also, it is difficult to accurately predict care needs out for several months of service. MTUS criteria are not met to continue the services. The request is not medically necessary.