

Case Number:	CM15-0103673		
Date Assigned:	06/08/2015	Date of Injury:	04/10/2001
Decision Date:	07/14/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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 41 year old male with an industrial injury dated 04/10/2001. His diagnoses included retinal tear with traction and hemorrhage, traumatic glaucoma, vitreous hemorrhage right eye, periocular and ocular contusion right eye and history of traumatic hyphema. Prior treatment included medications. He presents on 04/20/2015 with complaints of throbbing pain in his right eye recently. He has been able to tolerate the medication and reports no problems with Lumigan, Timolol drops and Diamox pills combined. Eye exam noted visual acuity on right to be 20/30 and left 20/25. Pupils were round and reactive. There was an afferent pupillary defect of the right eye. Intraocular pressure was 30 on the right and 13 on the left. Slit lamp exam noted the cornea of the right eye appeared clear with no anterior chamber cell or flare was present. Conjunctiva was mildly injected. The left eye had a normal exam. The provider documents the injured worker had an injury to his right eye in 2001 and has been having intraocular pressure problems since then. The provider also documents the injured worker probably became allergic to the Alphagan at some point and the reaction became progressively worse the longer he used it. Documentation notes the injured worker has been taking Lumigan and Timolol drops along with Diamox pills which had been working very well for him. However, his intra ocular pressure in the right was too high and the level of intra ocular pressure along with throbbing pain symptoms warrant surgery to control his disease. The treatment requested was out patient right eye surgery, Baerveldt reinforced with tube plate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right eye surgery, Baerveldt reinforced with tube plate: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Yanoff: Ophthalmology Chapter 242-Drainage Implants.

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: This is a patient who is on maximal medical therapy yet the intraocular pressure is still too high. When a patient has uncontrolled pressure on maximal medical therapy, the next step is surgical intervention otherwise there will be continued optic nerve damage and vision loss. In this patient, the preferred practice pattern is to perform a surgical procedure and adding more drops is not appropriate. The surgical treatment options are either trabeculectomy (with mitomycin C) or tube shunt procedure. While some surgeons may recommend trabeculectomy first, the choice is largely based on the preference of the surgeon and therefore the recommended Baerveldt tube shunt is acceptable and medically necessary.