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| Case Number: | CM15-0108285 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 11/08/2012 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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 42 year old female who sustained an industrial injury on 11/8/12 from a chemical exposure (Hair Magic Fix) and developed a skin rash on her chest, arms, face and hands with shortness of breath on exertion. Of note, she was not provided with mask, gloves or proper ventilation. She was diagnosed with amyopathic dermatomyositis and she also developed steroid myopathy. She currently has rash with positive Gottron's papules and plaques and heliotrope rash and V sign with extension of erythema along entire body anteriorly and posteriorly. She has muscle weakness which is improving and rash worsening that started in 8/2014. Medications are clobetasol topical 0.05%, Privigen infusion; pantoprazole, ranitidine, Prednisone, Plaquenil, gamunex, Zantac. Diagnoses include chronic steroid use with steroid induced myopathy; amyopathic dermatomyositis; rash; esophagitis; antral gastritis, gastropathy; depression; anxiety; sleep difficulties. Treatments to date include medications; referral to psychiatry. Diagnostics include esophagogastroduodenoscopy (12/2/14) showing class B esophagitis and antral gastropathy; electromyography/ nerve conduction study (2/14/14) was normal; computed tomography of thorax and abdomen (10/2013) was normal. On 5/4/15 Utilization Review evaluated a request for electroretinography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroretinography: Overturned

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

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 with dermatomyositis who has been on Plaquenil for the last 2 years. the standard of care is to monitor the patient for macular toxicity due to plaquenil. The standard screening for macular toxicity is by dilated eye exam plus visual field testing (HVF 10-2) plus macular OCT. The patient has had normal OCT but has had non-specific changes on the visual field. Overall, the patient is at low risk given her low cumulative dose at this time and it may be reasonable to just follow the patient. However, to be completely sure that there is no macular toxicity a multifocal ERG is not unreasonable, either. Therefore, the use of multifocal ERG is medically necessary.