

Case Number:	CM15-0018930		
Date Assigned:	02/09/2015	Date of Injury:	02/19/2013
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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:

This 51 year old male sustained a work related injury on 02/19/2013. According to a progress report dated 12/08/2014, the injured worker had a diagnosis of cerebrovascular accident with weakness in the lower extremity and upper extremity. He had a history of epileptic seizures and thalamic pain in the left hand with muscle contraction and headaches. Also noted was cervical sprain/strain, lumbar sprain/strain with radiculopathy and homonymous hemianopsia involving the left visual field. Treatment plan included follow up with neurologist. As of an office visit on 11/04/2014, the injured worker reported persistent loss of vision in the left visual field.

According to an internal medicine evaluation dated 09/11/2014, the provider stated that he was evaluated at an eye institute by a neurophthalmologist on 04/16/2014 and was told he would need visual rehabilitation. On 01/05/2015, Utilization Review non-certified visual retraining program as recommended by neuro-ophthalmological doctors. According to a Utilization Review physician, although the injured worker was noted to have homonymous hemianopsia, there was no clarification of specific objective findings in this regard. In the absence of clear objective evidence of this condition on exam, a visual retraining program cannot be found to be medically appropriate. Guidelines cited included http://www.braininjuries.org/brain_injury_double_vision.html. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Visual Retraining Program as recommended by Neuro-Ophthalmological Doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, pages 92, and 127. Official Disability Guidelines (ODG), Eye Chapter, Ophthalmic Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand.

Decision rationale: The patient was injured on 02/19/2013 and the patient presents with pain in his left hand, back, left knee, and left foot. The request is for a VISUAL RETRAINING PROGRAM as recommended by neuro-ophthalmological doctor. There is no RFA provided and the patient has remained temporarily totally disabled. The patient's diagnoses include the following: 1. Cerebrovascular accident (02/19/2013). 2. Generalized epileptic seizure (09/08/2013). 3. As a result of stroke, he had thalamic pain in his left hand, with muscle contraction headaches. 4. Cervical/lumbar sprain/strain with possible radiculopathy. 5. Homonymous hemianopsia involving the left visual fields. The 12/08/2014 report states implementation of the neuro-ophthalmological doctor's recommendation. Specifically, he is asking for a visual retraining program, which has never been instituted. This is as per the consult from the neuro-ophthalmologist in April. In this case, there is no frequency or duration provided. There is no information provided to compare this request to guidelines. Due to lack of information, the requested visual retraining program as recommended by neuro-ophthalmological doctor IS NOT medically necessary.