MAXIMUS Federal Services

Case Number:	CM15-0134395		
Date Assigned:	07/22/2015	Date of Injury:	10/09/2014
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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, New York, 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 applicant is a represented 37-year-old who has filed a claim for chronic rib and knee pain with derivative complaints of depression, insomnia, stress, anxiety, and alleged blurred vision reportedly associated with an industrial injury of October 9, 2014. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for an ophthalmologist consultation. The claims administrator referenced a May 29, 2015 RFA form and an associated progress note in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and, furthermore, were mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On said handwritten progress note dated May 29, 2015, the applicant was placed off of work, on total temporary disability. An orthopedic referral, psychology referral, ophthalmology referral, and psychiatry referral were endorsed while the applicant was placed off of work. Extracorporeal shockwave therapy, physical therapy, acupuncture, and topical compounds were endorsed. Preprinted checkboxes were employed. Little-to-no narrative commentary was attached. The extent of the applicant's blurred vision was not detailed. The applicant was using Xanax for anxiety, it was reported. The applicant's visual acuity was not measured.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmologist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 2008.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter
Page(s): 456-457.

Decision rationale: No, the request for an ophthalmology consultation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 16, pages 456-457 do acknowledge that an applicant with symptoms or signs of blurred vision may be referred to an ophthalmologist or optometrist based on the results of visual screening, here, however, no such visual or ocular screening transpired on the date of the request, May 29, 2015. The applicant's visual acuity was not tested. Confrontational visual field testing was not performed or documented. Color vision testing was not performed. It was not clear whether the applicant's allegation of blurred vision were a function of an underlying ocular condition or a function of underlying psychopathology. Therefore, the request was not medically necessary.