

Case Number:	CM15-0135836		
Date Assigned:	07/23/2015	Date of Injury:	08/17/2012
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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 51 year old male who sustained an industrial injury on 08/17/2012. Mechanism of injury occurred when working on a metal piece using a chisel and hammer when accidentally a spark got into his left eye and he immediately felt pain and saw black dots around his eye. Diagnoses include traumatic left eye cataract, status post complex cataract extraction, vitrectomy with membrane peel , and YAG Laser capsulotomy in the left eye, macular puckering of retina, status post foreign body removal and status post-surgery to the left eye. Treatment to date has included diagnostic studies, medication and 4 left eye surgeries. The most recent physician progress note dated 03/16/2015 documents the injured worker continues to have pain in his left eye, poor vision and black spots in the field of vision. He indicates the Ophthalmologist explained to him there is nothing more to do to improve his vision or discomfort. Treatment requested is for Progressive, pdy, transitions, A/G, frame, refraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Progressive, pdy, transitions, A/G, frame, refraction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient has had a work related injury whereby a metal foreign penetrated the eye. He has successfully underwent several surgeries for repair. The main question is whether a refraction and glasses are medically necessary after all these procedures. Under normal conditions for simple refractive error, glasses are not considered medically necessary. However, in this case, the patient has undergone cataract surgery and the use of glasses after cataract surgery is generally considered medically necessary and for instance covered by Medicare. Therefore, the refraction, the frames and standard lenses are considered medically necessary. However, there is information provided to justify the medical necessity of progressive lenses, polycarbonate lenses or transition lenses. Therefore, the latter are not medically necessary.