

Case Number:	CM15-0143626		
Date Assigned:	08/04/2015	Date of Injury:	10/13/2000
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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 49 year old male who sustained an industrial injury on 10-13-2000. The injured worker had end stage renal disease secondary to diabetes. Diagnosis included renal transplant, paraplegia, neurogenic bladder, hypertension, status post colostomy, cytomegalovirus, osteomyelitis, history of recurrent urinary tract infections, and decubitus ulcers. Treatment has included medications and physical therapy. He was noted as a pleasant, thin, African American male who was in a wheelchair which was at baseline. He was alert and oriented. Pupils were equal anicteric sclera, renal transplant examination was normal. There was atrophy in his lower extremities. The treatment plan included bladder instillation and medications. The treatment request included ophthalmologist consultation and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmologist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 432, 434.

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 blurred vision in the right eye who was previously diagnosed with cataract. In addition the patient has a history of diabetes which could lead to diabetic retinopathy. Therefore, a request for ophthalmology consult was placed in March 2015 and subsequently the patient was evaluated on April 8, 2015. The consult is appropriate and confirmed the diagnosis of cataract and a request for cataract surgery was submitted. An ophthalmologic exam is medically necessary for this patient.

2 ophthalmologist follow ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Eye, Office Visits.

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: The physician has requested two follow-up visits in addition to the ophthalmology consult visit. The rationale for these follow-up visits has not been provided and their medical necessity should be determined by the ophthalmologist after they have completed their exam. The medical necessity of the follow-up visits cannot be determined beforehand and therefore it is not appropriate request the follow-up visits before the eye exam. The above request is not medically necessary.