

<b>Case Number:</b>	CM15-0144867		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 45 year old male, who sustained an industrial injury on 11-9-11. He reported injuries to his head, cervical spine, and left shoulder. The injured worker was diagnosed as having headaches, visual motor and visual perceptual deficits, adjustment disorder with depression and anxiety, and cognitive disorder including memory and concentration difficulties, mood changes, anger, and decreased frustration tolerance. Treatment to date has included neuropsychological treatment, physical therapy, occupational therapy, speech therapy, and medication. Currently, the injured worker complains of headaches, short-term memory loss, insomnia, depression, and anxiety. The treating physician requested authorization for a neuro-ophthalmology evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro-Ophthalmology evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations.

**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 suffered a traumatic brain injury (closed head). The patient does have visual perception problems, which are not well defined. In order to further characterize the nature of his deficits a neuro-ophthalmology evaluation is warranted. In particular, formal visual field testing is necessary to determine if the patient has any visual field abnormalities. Therefore, neuro-ophthalmology evaluation is medically necessary in this patient.