

<b>Case Number:</b>	CM15-0148399		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 40 year old male, who sustained an industrial injury on 04-17-2008. On provider visit dated 04-17-2015 the injured worker has reported no eye pain. History of aspergillosis, vitritis of left eye, and toxic optic neuropathy was noted. On examination both eye were noted as having 20-20 vision. No significant ptosis or proptosis was noted and pupils were equal, round and reactive to light. Not swelling or ecchymosis noted. Anterior segment exam revealed a healthy tear meniscus, white and quiet conjunctiva, cornea was clear, anterior chamber was deep and quiet, iris was round with no rubeosis note and lens and anterior vitreous was clear. The diagnoses have included aspergillosis was stable, vitritis of left - improving and toxic optic neuropathy - stable. Treatment to date has included medication. The provider requested ophthalmic exams, OCTs Macula (optical coherence tomography), extended ophthalmoscopies, HVF (Humphrey visual field) and NFL (nerve fiber layer).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ophthalmic Exams QTY: 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**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 who had recently had vitritis (inflammation inside the eye) for which an underlying cause was not identified. He was also found to have changes on his visual fields which were attributed to toxic neuropathy, however the etiology was not clear. Although this patient does report stable vision, he is at risk for recurrent or progressive disease -- given that the underlying etiologies have not been determined. Therefore, it is necessary to continue to follow the patient closely over the next few months.

**OCTs Macula (Optical Coherence Tomography) QTY: 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**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 who recently had vitritis in the left eye for which an underlying cause was not identified. The vitritis has responded to topical steroids. In the setting of vitritis, there is a risk of developing macular edema which can best be evaluated by an OCT exam. Therefore, macular OCT exam is medically necessary for following this patient who has evidence of inflammation inside the eye.

**Extended ophthalmoscopies QTY: 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**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 a history of aspergillosis of the spine as well as new onset of vitritis. Repeated retinal examination is definitely necessary to make sure there is no retinitis, retinochoroiditis or evidence of low grade endophthalmitis which could indicate endogenous fungal infection of the eye. Therefore, repeated retinal examination is necessary for following this patient.

**HVF (Humphrey visual field): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**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 was subjectively complaining of decreased vision (at their initial presentation) and was found to have visual field changes (central depression) on their initial testing. This was interpreted to be a possible toxic neuropathy perhaps due to voriconazole. However, the etiology of the visual field changes was not determined conclusively. Therefore, it is medically necessary to repeat the HVF test to determine if the changes are persistent, progressive or otherwise stable.

**NFL (Nerve Fiber Layer):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**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 visual field changes that are suggestive of an optic nerve disease. The initial optic nerve OCT was normal. Repeated testing of the optic nerve OCT may not be indicated unless there is evidence of progression of the visual field change. Therefore, it is more reasonable to first repeat the HVF and only if there is evidence of progression or if there is any other objective evidence of worsening disease (color vision changes or pupillary defect, etc) then repeat the optic nerve OCT. Therefore, the request is not medically necessary.