

Case Number:	CM15-0166339		
Date Assigned:	09/04/2015	Date of Injury:	04/28/2015
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: New York
 Certification(s)/Specialty: Internal 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 injured worker was a 47 year old female, who sustained an industrial injury, April 28, 2015. The injury was sustained when the injured worker was struck in the head with a soccer ball from behind from behind the back and neck. The injured worker sustained a concussion. The injured worker previously received the following treatments Cymbalta, Naproxen, Flexeril, Ibuprofen, Baclofen, Norco, random toxicology laboratory studies were negative for any unexpected findings, cervical spine MRI, Lumbar spine MRI and thoracic spine MRI. The injured worker was diagnosed with thoracic spine degenerative disc disease, cervical spine disc disorder, degenerative disc disease and spasms of the muscles, concussion, neck sprain, lumbosacral sprain and strain and thoracic sprain and or strain. According to progress note of August 10, 2015, the injured worker's chief complaint was ongoing neck pain, mid upper back pain and intermittent left anterior thigh pain. The injured worker had perceived weakness to the left leg when the pain was severe. The injured worker denied upper extremity radiculopathy symptoms. The injured worker did sustain partial loss of vision to the right eye since the injury and has difficulty with memory since the injury. The physical exam noted a 47 year old female with mild cervical, thoracic and lumbar disc degeneration without significant disc protrusion stenosis or foraminal narrowing. There was no opt homology information. The treatment plan included eye glass frames, progressive lens, anti-reflective coating per lens and polycarbonate lens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eyeglass frames Qty: 1: 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 Official Disability Guidelines (ODG) CA Labor Code Section 4600-4614.1.

Decision rationale: The MTUS does not address this request. According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. Documentation provided for review indicates that the injured worker has a history of Right eye iritis with asymmetric pupil and reports recent right eye vision impairment, being evaluated by an Ophthalmologist. Physician reports fail to demonstrate a clear causal relation to the work related injury or supporting evidence that the use of the medical supply under review serves a medical need. The request for Eyeglass frames Qty: 1 is not medically necessary by guidelines.

Progressive lenses Qty: 1: 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 Official Disability Guidelines (ODG) CA Labor Code Section 4600-4614.1.

Decision rationale: The MTUS does not address this request. According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. Documentation provided for review indicates that the injured worker has a history of Right eye iritis with asymmetric pupil and reports recent right eye vision impairment, being evaluated by an Ophthalmologist. Physician reports fail to demonstrate a clear causal relation to the work related injury or supporting evidence that the use of the medical supply under review serves a medical need. The request for Progressive lenses Qty: 1 is not medically necessary by guidelines.

Anti-reflective coating Qty: 1: 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 Official Disability Guidelines (ODG) CA Labor Code Section 4600-4614.1.

Decision rationale: The MTUS does not address this request. According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. Documentation provided for review indicates that the injured worker has a history of Right eye iritis with asymmetric pupil and reports recent right eye vision impairment, being evaluated by an Ophthalmologist. Physician reports fail to demonstrate a clear causal relation to the work related injury or supporting evidence that the use of the medical supply under review serves a medical need. The request for Anti-reflective coating Qty: 1 is not medically necessary by guidelines.

Lens, polycarbonate Qty: 1: 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 Official Disability Guidelines (ODG) CA Labor Code Section 4600-4614.1.

Decision rationale: The MTUS does not address this request. According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. Documentation provided for review indicates that the injured worker has a history of Right eye iritis with asymmetric pupil and reports recent right eye vision impairment, being evaluated by an Ophthalmologist. Physician reports fail to demonstrate a clear causal relation to the work related injury or supporting evidence that the use of the medical supply under review serves a medical need. The request for Lens, polycarbonate Qty: 1 is not medically necessary by guidelines.