

<b>Case Number:</b>	CM15-0185877		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 55 year old male who sustained an industrial injury on 05-23-2014. A review of the medical records indicated that the injured worker is undergoing treatment for a chemical alkali burn and anterior stromal scar. According to the treating physician's progress report on 08-05-2015, the injured worker was evaluated for vision limitations and occasional glare. Visual acuity was documented as 20-25 on the right eye and 20-20 on the left with corrective lenses. Corneas were healed with a less irregular haze and anterior stromal scar bilaterally was noted on examination. Prior treatments or medications were not discussed. Treatment plan consists of work with regular duties and the current request for photorefractive keratectomy surgery to the right eye. On 09-11-2015, the Utilization Review determined the request for photorefractive keratectomy surgery of the right eye was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Photorefractive Keratectomy Surgery of The Right Eye: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 a past history of chemical exposure/injury. The details of the injury are not provided, however the patient has residual corneal haze/scarring in both eyes. The haze/scarring appears to have decreased the vision in the right eye to 20/25, but it is 20/20 in the left eye. The request is for a PRK is to remove the corneal scar. The standard laser treatment for removing a corneal scar is PTK (phototherapeutic keratectomy) and not PRK which is a refractive procedure. Although the procedures are the very similar, the goals are different. The issue is that PTK will make the patient more hyperopic. PRK could potentially reverse some of his hyperopia but in general if the patient was myopic to begin with, he would have been a better candidate. There is no information about the depth of the scar and how much tissue will need to be removed. There is also no information about the topography and perhaps some of the decreased vision in the right eye could be due to irregular astigmatism which may not be easily treatable with laser. It would be reasonable to first try an RGP over refraction to determine if the irregular astigmatism is playing a significant role. Overall, based on the fact that the patient is not very bothered by the vision in the right eye and given all the other issues mentioned above, PRK (or PTK) is not the first choice treatment for this patient and is not medically necessary.