

<b>Case Number:</b>	CM15-0191211		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 63 year old male, who sustained an industrial injury on 6-17-2009. A review of the medical records indicates that the injured worker is undergoing treatment for epithelial basement membrane dystrophy (EBMD) left greater than right with left Salzmann's nodules. The Treating Physician's report dated 8-13-2015, noted the injured worker with follow-up for the left eye due to a car accident in 2009, with no changes from the previous visit. The injured worker reported he had not purchased his eye glasses. The injured worker's current medications were noted to include Flexeril, Metaproterenol powder, and Tramadol ER. The physical examination was noted to show the left and right pupils equal, round, reactive, with no afferent pupillary defect (APD). The left eye was noted to have Salzmann's nodules. The treatment plan was noted to include a superficial keratectomy for both eyes, with the left eye first. The Treating Physician's report dated 3-30-2015, noted the injured worker reported decreased vision in the left eye, of gradual onset, affecting both near and far vision. The injured worker reported double vision in the left eye. The injured worker was noted to have decreased vision, double vision, nuclear sclerosis, EBMD, and regular astigmatism. The injured worker was given a prescription for glasses. The request for authorization was noted to have requested a superficial keratectomy with amniotic membrane graft for both eyes. The Utilization Review (UR) dated 8-31-2015, non-certified the request for a superficial keratectomy with amniotic membrane graft for both eyes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Superficial Keratectomy with Amniotic Membrane Graft for both eyes: 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, Amniotic membrane transplantation.

**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 remote history of MVA, He is complaining of mild blurriness of the left eye. He has been diagnosed to have EBMD in both eyes and Salzmann's nodules in the left eye (this condition has nothing to do with his accident in the past). The proposed treatment is superficial keratectomy with amniotic membrane. There are several issues. First, there is no topography performed. A topography can help document the extent to which these lesions are affecting the cornea. Second, there is no indication for the use of amniotic membrane. The patient has health eyes and the concurrent use of amniotic membrane is not justified. The request is not medically necessary.