MAXIMUS Federal Services

Case Number:	CM15-0196696		
Date Assigned:	10/12/2015	Date of Injury:	07/18/2014
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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 44 year old male injured worker suffered an industrial injury on 7-18-2014. The diagnoses included mild cognitive impairment due to traumatic brain injury, organic personality syndrome and late effect of intracranial injury, convergence insufficiency, binocular dysfunction, hyperphoria and suppression. On 8-18-2015, the treating provider reported the injured worker noted he felt that he was getting more peripheral vision back with no double vision. The provider recommended 4 more months of Vision therapy. The Utilization Review on 10-2-2015 determined non-certification for 15 sessions of vision therapy to include program evaluation, V.E.P., and photo-documentation for traumatic brain injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 sessions of vision therapy to include program evaluation, V.E.P., and photo-documentation for traumatic brain injury: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

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 traumatic brain injury and optic neuropathy as well as cranial nerve palsy. He has undergone extensive vision therapy. Previous studies have not found vision therapy to be very effective for restoring visual function in such cases. Therefore, vision therapy for this patient is not medically necessary.