

<b>Case Number:</b>	CM15-0200762		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male, who sustained an industrial injury on 8-16-2010. The injured worker is being treated for ocular injury left eye, corneal edema and scarring left eye and status post corneal transplant. Treatment to date has included surgical intervention (left corneal transplant penetrating keratoplasty 11-2014, and left eye corneal transplant penetrating keratoplasty 6-30-2015) medications, contact lenses and use of a bandage. Per the Primary Treating Physician's Progress Report dated 7-16-2015, the injured worker presented for a follow-up visit. He reported vision not improving, and "doing the same." Objective findings included nasal and central grafts both clear, no edema, no leak. The lens PCIOL with pigment deposits on it. Work status was not provided. The plan of care included medications (eye drops). Authorization was requested for office visit, every 3-4 weeks for 3 months, left eye. On 10-05-2015, Utilization Review non-certified the request for office visit, every 3-4 weeks for 3 months, left eye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit, every 3-4 weeks for the left eye QTY 4.00:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye, Office visits.

**Decision rationale:** The claimant sustained a work injury in August 2010 with severe left ocular injury and was diagnosed with bullous keratopathy and conjunctivitis. He underwent a corneal transplant penetrating keratoplasty in November 2014 and June 2015. In July 2015 he was doing the same with previous assessments documenting less pain with which he was happy. However, his vision was not improving. When seen, intraocular pressure was 25. The grafts were clear without edema. He was referred to a glaucoma specialist. Authorization was requested for an office visit every 3-4 weeks for three months. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, there is no evidence of transplant rejection. The claimant has decreased pain which was a goal of treatment. Requesting this number of prospective office visits is not considered medically necessary.