

Case Number:	CM15-0206565		
Date Assigned:	10/23/2015	Date of Injury:	11/16/2013
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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 28 year old male who sustained an industrial injury November 6, 2013. While cooking over a wok he noticed a black spec occupying 25% of his visual field, right eye. He was initially treating with drops and in June 2014 underwent surgery for a detached retina with improvement to black floater and return to work. The floater returned and he lost the entire upper half of the visual field of the right eye and underwent surgery September 2014 (unspecified) and again in October 2014(unspecified). A physician's office visit dated April 29, 2014, find the injured worker presenting for a dilated eye exam. Impression was persistent vit cell pigment right eye. He underwent an Intravitreal triescence injection to the right eye- the peripheral retina was inspected by indirect ophthalmoscopy and found to be fully attached; the optic nerve was perfused. According to the most recent physicians handwritten clinic notes dated October 5, 2015, the injured worker presented with ongoing bilateral shoulder pain. Objective findings included positive Hawkins bilaterally. Diagnoses are visual disturbance; rotator cuff capsule tear; other disorders vitreous. There is a notation regarding receiving ophthalmology care but difficult to decipher. At issue, is a request for authorization dated October 7, 2015, for an Intravitreal triescence injection, right eye. According to utilization review dated October 14, 2015, the request for Intravitreal Triescence Injection for the Right Eye is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intravitreal trisence injection for the right eye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/trisence.html>.

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 pt with a history of a retinal detachment which was repaired successfully (of note, the detachment was not work related). On follow-up the pt is noted to have persistent vitritis. It is unclear if this is due to inflammation since it is noted to be pigmented cells. After a course of topical steroids, he was given an injection of steroids (Triesence). There is no evidence of any macular edema. The use of Triesence in this case is not considered medically necessary as the presence of vitreous cell, particularly if pigmented, is not an indication for the use of trisence.