

Case Number:	CM15-0020962		
Date Assigned:	02/10/2015	Date of Injury:	03/20/2014
Decision Date:	05/06/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on March 20, 2014. The diagnoses have included dry eye syndrome, Pingecula and biepharoconjunctivitis. A progress note dated January 13, 2015 provided the injured worker reports the eyes feel better. Physical exam notes bilateral Pingecula with the right worse than left. On January 17 utilization review non-certified a request for one (1) optical coherence tomography and one (1) corneal topography The American Academy of Ophthalmology Preferred Practice Patterns Committee was utilized in the determination. Application for independent medical review (IMR) is dated January 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) optical coherence tomography: 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 Patterns Committee. Comprehensive adult medical eye evaluation. San Francisco (CA): American Academy of Ophthalmology; 2010. 23 p.

Decision rationale: The MTUS is silent regarding optical coherence tomography. The ODG also did not address this request. Other guidelines were sought and upon review of current guidelines, optical coherence tomography is indicated for glaucoma or for macular degeneration. In the case of this worker, who has been diagnosed with dry eye syndrome, pingecula, and bipharoconjunctivitis, it was not clear from the notes why this test would be warranted, as there was no diagnosis of glaucoma or macular degeneration and no extreme circumstances to set this case apart. Therefore, the request for optical coherence tomography will be considered not medically necessary.

One (1) corneal topography: 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 Patterns Committee. Comprehensive adult medical eye evaluation. San Francisco (CA): American Academy of Ophthalmology; 2010. 23 p.

Decision rationale: The MTUS is silent regarding corneal topography. The ODG also did not address this request. Other guidelines were sought and upon review of current guidelines, optical coherence tomography is indicated for assessing corneal abnormalities prior to surgical intervention or for following up on an abnormal corneal shape. In the case of this worker, who has been diagnosed with dry eye syndrome, pingecula, and bipharoconjunctivitis, it was not clear from the notes why this test would be warranted, as there was no diagnosis of abnormal corneal shape, no plans for future surgery, and no extreme circumstances to set this case apart. Therefore, the request for corneal topography will be considered not medically necessary.