

Case Number:	CM15-0022482		
Date Assigned:	02/12/2015	Date of Injury:	06/10/2014
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old [REDACTED] employee who has filed a claim for blurry vision and/or presbyopia reportedly associated with an industrial injury of June 10, 2014. In a Utilization Review Report dated January 20, 2015, the claims administrator approved a Z-plasty procedure while denying a second opinion ophthalmology consultation. A January 9, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant had issues with presbyopia. The claims administrator employed non-MTUS Chapter 7, ACOEM Guidelines in its decision to deny the ophthalmology second opinion. The claims administrator suggested that the applicant return to the care of an ophthalmologist whom the applicant had previously seen. The applicant's attorney subsequently appealed. The applicant also had various other issues, including burns, which are being treated by other providers. The applicant was apparently still smoking, despite his burns, and was using opioids such as Norco. Multiple progress notes of mid to late 2014 suggested that the applicant was off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ophthalmology second opinion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: 1. Yes, the proposed ophthalmology second opinion was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant has alleged issues with blurred vision. The applicant's primary treating provider, who appears to be a burn specialist, is likely ill-equipped to address such issues and/or allegations. Obtaining the added expertise of an ophthalmologist who is better-equipped to address such issues and allegations is, thus, indicated. Therefore, the request was/is medically necessary.