

Case Number:	CM15-0032464		
Date Assigned:	02/25/2015	Date of Injury:	06/02/1997
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 54 year old, male patient, who sustained an industrial injury on 06/02/1997. An orthopedic visit dated 02/17/2015, reported a chief complaint of right knee pain. The patient is status post right total knee arthroplasty on 2011. In addition, he complains of increasing pain in the retropatellar and medial aspect of the knee. The pain is made worse with any twisting motions. He does note a clicking sensation. A request was made for an optometrist referral and the medication Systane eye drops. He is prescribed the following medications; Norco 10/325mg, Diazepam 10mg, Oxycodone 10mg, Prilosec 20mg, Flector 1.3% patch and Motrin 800mg. On 01/30/2015, Utilization Review, non-certified the request, noting the CA MTUS, Head Chapter, Office Visits and the National Library of Medicine, Systane were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optometrist Referral and Systane Eye drops 0.4-0.3%, #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no documentation that the patient is suffering from vision issues. The requesting physician did not provide a documentation supporting the medical necessity for a optometry evaluation. The documentation did not include the reasons, the specific goals and end point for using the expertise of an eye specialist. Therefore the request for Optometrist Referral and Systane Eye drops 0.4-0.3%, #5 is not medically necessary.