

Case Number:	CM15-0032856		
Date Assigned:	02/26/2015	Date of Injury:	08/16/2010
Decision Date:	05/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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 56 year old male who sustained an industrial injury on 8/16/10. The injured worker reported symptoms in the in the left eye. The diagnoses included status post corneal transplant. Treatments to date include status post corneal transplant, eye drops, and eye ointment and non-steroidal anti-inflammatory drugs. In a progress note dated 2/9/15 the treating provider reports the injured worker was with pain in the left eye described as "scratchy, pain, burning...giving him a big headache...hard for him to sleep." On 2/16/15 Utilization Review modified the request for an office visit with an Ophthalmologist, every 2 weeks for unspecified duration and changed it to office visit with an Ophthalmologist, every 2 weeks for 3 months, left eye, per 1/30/15 order quantity of 1, every 2 weeks and modified fitting of contact lens for unspecified duration to fitting of contact lens, every 2 weeks for three months, left eye, per 1/30/15 order quantity of 1. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit with an Ophthalmologist, every 2 weeks for unspecified duration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Eye, as referenced by CA MTUS Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 127, 444.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialists may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS/ACOEM Guidelines also state that following keratectomy (PTK), it may be necessary to have follow-up visits with the specialist every 1 to 2 days until the epithelium has healed and then every 1 to 6 months depending on the severity. In the case of this worker, following surgery on the eye there was corneal edema, requiring more frequent visits and resizing of protective contact lenses. However, the request did not specify how many visits it would be limited to. A reasonable duration of time such as 2-3 months before consideration of extending a certain number visits if needed would have been reasonable. Therefore, the request for Office Visit with an Ophthalmologist, every 2 weeks for unspecified duration will be considered medically unnecessary due to lack of specificity of the request.

Fitting of contact lens, every 2 weeks for unspecified duration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Eye, as referenced by CA MTUS Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 127, 444.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialists may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS/ACOEM Guidelines also state that following keratectomy (PTK), it may be necessary to have follow-up visits with the specialist every 1 to 2 days until the epithelium has healed and then every 1 to 6 months depending on the severity. In the case of this worker, following surgery on the eye there was corneal edema, requiring more frequent visits and resizing of protective contact lenses. However, the request did not specify how many visits it would be limited to. A reasonable duration of time such as 2-3 months before consideration of extending a certain number visits if needed would have been reasonable.

Therefore, the request for Fitting of contact lens, every 2 weeks for unspecified duration will be considered medically unnecessary due to lack of specificity of the request.