

<b>Case Number:</b>	CM15-0036888		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	05/18/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 40 year old male, who sustained an industrial injury on 5/18/2014. He reported injury to his right eye when hot grease got into the right eye, resulting in pain, blurred vision, mucous, swelling, halos around light, and light sensitivity. The injured worker was diagnosed as having conjunctivitis, right eye, and dry eye syndrome. Treatment to date has included medications. Currently, the injured worker complaints are not detailed. His visual acuity testing was 20/30 bilaterally. Pressure readings were 18 bilaterally. He was given glasses and a follow-up appointment. A prior progress note, dated 10/17/2014, noted allergies and dry eye syndrome. Visual acuity was 20/30 on right and 20/40 on left. Pressure readings were 18 bilaterally. The treatment plan at that time included observation and refraction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refraction Rt. Eye:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guidelines <http://www.nlm.nih.gov/medlineplus/ency/article/003844.htm>.

**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:** The question is whether it was medically necessary to perform a refraction (to determine the glasses prescription) for this patient. Historically, most insurance carriers including Medicare do not pay for refraction and the providers are supposed to bill the patient for any charges related to doing a refraction. Regardless of whether insurance companies pay for it or not, the main question is what determines when a refraction is medically necessary. The answer is a refraction is medically necessary any time a patient has a visual complaint and is unable to read 20/20 (without glasses or with their current glasses/contacts). In other words, if a patient is complaining that their vision is not clear, then one cannot fully evaluate the patient without a refraction. Refraction is necessary to determine if the visual complaints are due to a refractive error or due to some other cause. In the case of this patient who has existing eye disease (previous chemical injury, dry eyes and allergies) performing a refraction is medically necessary since it informs the physician whether their visual disturbance is all due to refractive error or whether it involves something else, which in turn must be investigated further.