

<b>Case Number:</b>	CM15-0048128		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Florida, 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:

This 55 year old male sustained an industrial injury to the right eye on 3/24/04. In an ophthalmology chart note dated 8/20/14, the injured worker presented for evaluation of uveitis to the right eye. The injured worker also complained of right eye floaters. The injured worker underwent optical coherence tomography with an optical exam during the office visit. Current diagnoses included treated right eye retinal detachment, treated right eye iridocyclitis, treated right eye cystoid macular edema and treated right eye trauma. Documentation did not disclose previous treatment modalities. The treatment plan included returning in six months for a retina check, right eye dilation and right eye optical coherence tomography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 fluorescein angiography of the eye: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Ophthalmology Preferred Practice Patterns Committee.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/retinal-detachment>.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The Medical Disability Advisor notes that the test is primarily used for retinal detachment evaluation. The symptoms of such are flashes of bright light (photopsia) seen with eye movement at the edge of the field of vision (peripheral vision), particularly in dim lighting. The visual field may be flooded with dark, floating cobweb-like shapes (floaters) or translucent specks of various shapes. Flashes may occur only once and then return hours, days, or weeks later. Wavy distortion also may be experienced in the visual field (metamorphopsia). One or both eyes may have symptoms, but usually only one eye is affected at a time. Generally, pain is not present. It further notes a study of vascular integrity may be done by intravenously injecting a dye (fluorescein angiography). Although the patient has had a retinal detachment, this test appears planned for six months down the road, and the clinical situation six months from the present, and thus the need for testing, simply cannot be accurately predicted. The clinically necessity cannot be forecasted. This request is not medically necessary, and appropriately non-certified.