MAXIMUS Federal Services

Case Number:	CM15-0084634		
Date Assigned:	05/06/2015	Date of Injury:	04/09/2012
Decision Date:	06/23/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/04/2015

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 4/9/12. He reported being struck in left eye with a hammer and piece of metal. The injured worker was diagnosed as having traumatic chorioretinal scar, epiretinal membrane of left eye, cystoid macular edema of left eye, left retinal neovascularization, left chorioretinal scar and left epiretinal membrane. Treatment to date has included topical medications, and eye injections. Currently, the injured worker states he has improving vision. Physical exam noted 20/40 vision and improving macular edema. A request for authorization was submitted for follow up visit, fundus photos, OCTY, fluorescent angiogram, ophthalmoscopy, B-scan ultrasound, intravitreal injection of triamcinolone drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Optical coherence tomography (OCT): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of radiology (ACR), 2012.

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 use of OCT is medically necessary for following a patient with macular edema. This is necessary to monitor the foveal thickness and contour. It is standard of care to perform an OCT at every visit therefore the number of exams required would dictate the number of OCTs necessary. Therefore, the requested treatment is medically necessary.

8 Fluorescein angiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Optometric Association. Evidence-based clinical practice guideline.

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 use of fluorescein angiogram in a patient with macular edema is indicated at the initial visit, but it is not medically necessary to perform this test at every visit and is not justified in this patient. Therefore, the request is not medically necessary.

8 Ophthalmoscopy: Overturned

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, Comprehensive adult medical eye evaluation.

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: Ophthalmoscopic exam is medically necessary at every visit. This is patient in which the retina is affected and ophthalmoscopy is the standard way to examine the retina. Therefore, based on preferred practice pattern by the AAO, it is necessary to perform ophthalmoscopic exam at every visit. Therefore, the requested treatment is medically necessary.

8 B scan ultasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fielding JA. The assessment of ocular injury by ultrasound. Clin Radiol. 2004 Apr, 59 (4), 301-312.

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: Since there is a good view of the retina (the media is clear), the use of B-scan is not justified or medically necessary in this case. B-scan is indicated whenever the media is not clear and the retina cannot be visualized by ophthalmoscopy. Preferred practice pattern in this case is to not perform a B-scan.

8 fundus photos: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Fundus photos may be necessary at initial visit to document the size of a lesion. However, it is not necessary to perform 8 times and at every visit. The preferred practice pattern is to perform photography occasionally and 8 times is not clinically indicated. Therefore, the requested treatment is not medically necessary.

4 intravit injections: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 use of intravitreal injections is a standard part of treating macular edema. The number of injections requested (4) is reasonable since often times more than one injection is necessary. IN particular, there can be recurrence after one injection and multiple injections are necessary to achieve long-term control of CME. Therefore, the requested treatment is medically necessary.

1 Triamcinolone: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for health and clinical excellence (NICE).

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 use of triamcinolone injection for macular edema is standard of care of medically necessary and justified. There is a strong track record that it is effective in chronic macular edema. In this case, the patient had already failed topical treatments and according to preferred practice patterns the use of intravitreal injection of steroids is appropriate.