

Case Number:	CM15-0089144		
Date Assigned:	05/15/2015	Date of Injury:	01/18/2014
Decision Date:	06/23/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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:

This 44 year old male sustained an industrial injury on 1/18/14. He subsequently reported bilateral eye pain. Diagnoses include disorder of eyelid. Treatments to date include evaluations and eye drop medications. The injured worker continues to experience continued bilateral eye pain, blurry vision and visual disturbance. On examination, right eye DVA is 20/30, left eye is 20/40. Right and left eyes are equal, round reactive with no ADP or anisocoria noted. Pinguecula was noted bilaterally. A request for doctor office visit, visual field exam and refraction was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doctor office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye Chapter.

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 patient has a visual complaint which requires an eye exam to determine the cause and the treatment. The preferred practice pattern for a patient with a visual complaint is to perform an eye exam (office visit). Therefore, it is medically necessary to perform an eye exam.

Visual field exam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye Chapter.

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: This patient has cupping of his optic nerves and has subjective complaint of tunnel vision. A visual field exam is indicated to evaluate the possibility of glaucoma and to evaluate any possible visual field change. In this case, the preferred practice pattern would dictate that a visual field test be performed and therefore it is medically necessary to further evaluate the visual field complaint and the possibility of glaucoma.

Refraction: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye Chapter.

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: This patient is complaining that they have blurry vision. In order to determine if the blurred vision is due to a refractive error, a refraction would be necessary. Preferred practice pattern in this case would require that a refraction be performed and therefore it is a necessary part of the medical evaluation of the patient. Therefore the request is medically necessary.